

**A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED
TEACHING PROGRAMME ON KNOWLEDGE REGARDING
ANTENATAL CARE AMONG PRIMIGRAVIDA MOTHERS
AT THE SELECTED PRIMARY HEALTH CENTRE AT
ALAMARATHUPATTI DINDIGUL.**



REGISTER NO. : 301523051

**A DISSERTATION SUBMITTED TO THE TAMILNADU
DR.MGR MEDICAL UNIVERSITY, CHENNAI,
IN PARTIAL FULFILLMENT FOR THE DEGREE OF
MASTER OF SCIENCE IN NURSING**

OCTOBER 2017

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EXTERNAL EXAMINER

INTERNAL EXAMINER

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CERTIFICATE

This bonafide work of **301323052**, M.Sc Nursing II Year Student from Jainee College of Nursing, Dindigul submitted in partial fulfillment for the Degree of Master of Science in Nursing, Under The Tamilnadu Dr.MGR Medical University, Chennai.

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ABSTRACT

Statement of the problem A quasi experimental study to assess the effectiveness of structured teaching programme on knowledge regarding Antenatal care among primigravida mothers at Primary Health Center in Alamarathupatty Dindigul.

Objectives of the study: To assess the pre-test knowledge regarding antenatal care among primigravida mothers. To assess the post-test level of knowledge before and after structured teaching programme among primigravida mothers. To test the association between post-test knowledge score selected background factors among primigravida mothers. **Hypotheses:** There was a significant difference between before and after the intervention. There was a significant difference between the post test knowledge score and the selected demographic variables among primi mothers.

Data Collection Procedure: The research approach used for this study was quantitative approach. The research design selected this study was **Quasi experimental design**. Antenatal care among primigravida mothers who fulfilled the inclusion criteria were selected by using convenient sampling technique. The tools used for data collection was Demographic Data and collected through self report. Problems faced by pregnant women were assessed by of collection of data for 30mts.

Major findings: The findings of the study are presented under the following headings based on the objectives of the study. To assess the level of knowledge of antenatal care among primigravida mothers. There was significant increase in mean post test score after the structured teaching program among primi mothers $t=41.132(P=0.05)$. The obtained “t” values regarding post test score and selected factors such as age, gestational weeks, education, occupation, type of family, bread winner of family, spouse education income and sources of information ($P>0.05$) were not significant. The obtained $t=0.361$ regarding post test score and age of primigravida mothers was significant and age made significant difference in mean difference. Also Knowledge among primigravida mothers. Selected factors such as age, education, occupation, type of family, spouse education, income, source of information did make no difference in the mean difference on post test score among primi mothers. **Conclusion:** Structured teaching program significantly increase the knowledge on selected aspect of antenatal care among primi mothers. So in future, nurse should adopt structured teaching program to reduce the maternal mortality rate.



Introduction

CHAPTER-I

INTRODUCTION

BACKGROUND OF THE STUDY

‘AN OUNCE OF PREVENTION IS WORTH A POUNDS OF CURE’

SWAMI VIVEKANANDA

Pregnancy and Child birth are special events in women`s lives and indeed in the lives of their families. This can be a time of great hope and joyful anticipation. The primary aim of antenatal care is to achieve, at the end of pregnancy, a healthy mother and healthy baby. The quality of care is more important than the quantity. Pregnancy requires specialized care generally agreed to preventive activity.

Antenatal care is the systemic medical supervision of women during pregnancy. The aim is to preserve the physiological aspect of pregnancy and labour and to prevent or detect, as early as possible, all that is pathological. Early diagnosis during pregnancy can prevent maternal ill-health, injury, maternal mortality, foetal death, infant mortality and morbidity. Hence, the earlier in pregnancy a woman comes earlier under the supervision of an obstetrician, will be better.

Antenatal care refers to pregnancy related health care provided by a doctor or a health worker in medical facility or at home. Antenatal care should monitor a pregnancy for signs of complication detect and treat pre-existing and concurrent problems of pregnancy. It should also provide advice and counseling or preventive care, diet during pregnancy, delivery care, postnatal care and related issues. An antenatal care is necessary for ensuring a healthy mother and baby at the end of gestation. The antenatal period is a time of physical and psychological preparation of birth and parenthood. Becoming a parent is a time of intense learning both for parents and for those close to them.

Promotion of maternal and child health has been one of the most important components of the family Welfare Programme of the Government of India and the National Population Policy – 2000, one of the most important component of antenatal care is to offer information and advice to women about pregnancy related

complication and possible curative measures for early detection and management of complications. Antenatal care can also play a critical role in preparing a woman and her family for birth by establishing confidence between the woman and her health care provider and by individualizing promotional health messages. Antenatal care is considered essential for health of both the mother and the child, it is important to analyze the possible factors contributing to its utilization.

The test of any civilization is the measure of consideration and care, which it gives to its weaker sections. In any community, women are especially vulnerable during pregnancy. The maternal mortality ratio (MMR) in India is very high. The data given by the registrar general of India for 1998 estimate that MMR to be around 407 per 100,000 live births. (WHO 2005)

Reducing MMR to less than 100 per 100,000 live birth is a commitment enshrined in the national population 2000. India is committed to reducing MMR to less than 100 per 100,000 by the year 2010 from the current 407 / 100,000 live births (SRS, RGI,1998)

Maternal care includes care during pregnancy and should begin from the early stages of pregnancy. Women can success antenatal care service either by visiting a health center where such services are available or from health workers during their domiciliary visits. One of the most important components of antenatal care is to offer information and advice to women about pregnancy related complication and possible curative measures for early detection and management of complication. Antenatal care can also play a critical role in preparing a woman and her family for birth by establishing confidence between the woman and her health care provider and by individualizing promotional health messages.

Effective antenatal care can improve the health of the mother and give her a chance to deliver a healthy baby. Regular monitoring during pregnancy can help detect the complication at an early stage before they become life – threatening emergency. However, one must realize that even the most effective scanning tools currently available, one cannot predict which will develop pregnancy related complication. Hence, every pregnant women needs special care.

Described that pregnancy links mother and fetus together and is the basis for regenerating the generation. Most pregnancies end with birth of a live baby to a healthy mother. For some however childbirth is not the joyous event, but a time of pain, fear, suffering and even death.

Explained that every year more than 200 million women become pregnant (WHO 1997). Pregnancy is considered to be a normal psychological state as per the scientific view. To a layperson it is a common phenomenon occurring in a women after marriage. According to genetics it is the process of procreation. But above all for women it is a state of joy and satisfaction.

Antenatal care refers to the care that is given to an expectant mother from the time the conception is confirmed until the beginning of labour in addition to monitoring the progress of the pregnancy. The main aim of antenatal care is to maintain with physiology of pregnancy and to prevent or to detect at the earliest and to treat and untoward complication that may arise. The promotion of health and maintenance of healthy lifestyles have become objectives of utmost importance to health care profession. Empowering populations to become educated health care consumers and to adopt a wellness perspective is a goal of health care reform.

The aim of antenatal health education is to create awareness among expectant mothers and motivate them to monitor their health status to promote the well being of both mother and fetus.

Defined that Antenatal care is that which comprises systematic Medical supervision of a pregnant women throughout pregnancy. The outcome of the good antenatal care should be a healthy mother and a healthy baby and avoidance of maternal and perinatal mortality and morbidity. Explained that pregnancy is a normal physiological event. Knowing a woman is pregnant is the beginning of care in pregnancy. However pregnancy is not formally announced in most of the Indian families. Birth is a time for joy and celebration a time for congratulations, good wishes and gifts. Sadly not all births are happy occasions. That is because no proper care was given during the pregnancy. The antenatal care is complete when health information is imparted.

NEED OF STUDY

Maternal health is a nation's wealth. Women are the primary care takers, first educators, bearers and nurtures of the next generation. They are the nucleus of our society. Our destiny lies with the well being of women's health. Pregnancy is the period when women need more attention and care. Worldwide, an estimated 515,000 women die of causes related to pregnancy and child birth each year, and their deaths leave one million children motherless.² Over 99% of these deaths occur in developing countries. In India, in every five minutes one woman dies from complications related to pregnancy and childbirth. This means more than 1, 00,000 women die each year due to pregnancy related causes.

Antenatal care is an important intervention for the wellbeing of the pregnant mother and the expected infant, especially in regions where maternal and infant mortality rates are high. The main reason for high maternal mortality in India is that many women are not aware of the measures that are available to prevent diseases in pregnancy as well as basic information in self care during pregnancy. Many do not receive timely help either because they are unaware of the help available or help is not within the reasonable distance.

A cross sectional survey was conducted on determinants of antenatal care utilization among 5344 pregnant women from 14 states of India. For the survey a three stage stratified random cluster sampling was adopted, and data collected using questionnaire, results shows that 73.9% had at least one antenatal contact with a auxiliary nurse midwives 51.7% of the women who received ante natal care preferred institutional delivery as compared to 27.6% of those who had not availed antenatal care services. Findings suggests that awareness of care during pregnancy and knowledge of pregnancy related complications were associated with increased utilization of ante natal care services, overall the survey showed the need for improving awareness on antenatal health and for motivating women to utilize antenatal care services.

The investigator with her experience and observation analyzed that many mothers came to the hospital, when they had some complications like loss of fetal movements, gross anemia or with signs of infection. It was difficult to save the

mother and the baby in such condition. The cause was mainly due to mother's ignorance and lack of information regarding proper antenatal care. In view of this it was felt that an antenatal care education should be made available to primi gravida women. A SIM will be very useful for the primi gravid women to gain knowledge regarding antenatal care

The purpose of the study is to identify the knowledge and practices of pregnant women regarding different aspects of antenatal care such as diet, antenatal checkups, immunization, adequate sleep and rest, exercise, hygiene, breast care, breastfeeding the health problems and complications of pregnancy to make recommendations to enhance the knowledge and practices of antenatal care by improving the delivery of antenatal services(both quality and quantity) if they are less; and to continue with the present antenatal service rendering status if the knowledge and practices are adequate.

A study conducted at Safdarjang Hospital New Delhi by ICMR revealed that as 42.6% of perinatal death could be attributed to preventable causes which are directly or indirectly related to maternal disease, complications of pregnancy and methods of delivery. A sample of 310 mothers belonging to low Socio economic class from an antenatal clinic of an urban health center and another sample of 180 mothers belonging to high Socio-economic class attending nearly nursing home clinic were studied and classified into 3 groups based on risk. Two third were classified as low risk, 5% as hybrisk and the rest as moderate risk.

A study conducted to Niger Dela in sub terliary Hospital in 2005 concluded that late looking for antenatal care common and unrelated to age, level of education, social class, previous fetal loss and previous obstetric complications. This show that the only factor involved was the dissemination of knowledge.

Thus the investigator felt the needs to explore this area and to assess the knowledge and practice of mothers regarding antenatal care. The aim of the investigator is to find out any association between knowledge and practice of pregnant women regarding antenatal care in selected demographic variables (age, family income, types of family, education status.)

The knowledge of pregnant women regarding antenatal care and their compliance to it is of paramount importance in preventing maternal and infant mortality rate and morbidity. The Indian society is made of large number of socio-culturally diverse groups. Their views of antenatal care and the health care system in general, may be different. The disparity of their knowledge and practice has to be assessed for improving the delivery of such services to these groups.

A study can also help us to compare the levels of knowledge and practice of primigravida and multiparas. This helps us to assess the stress given to preventive obstetric care within the health care system as well as the dissemination of knowledge in the community. Such a study could also potentially help us find the source of knowledge of those who have it and to intensify the use of propaganda through such media.

Poor utilization of services reflects cultural and socio-economic constraints as well as perceptions regarding accessibility of facilities and quality of care. Nearly 64.00% of women who did not utilize antenatal services consider it unnecessary reflecting both the traditional notion that child bearing is not an event worthy of medical attention.

The purpose of the study is to identify the knowledge and practices of pregnant women regarding different aspects of antenatal care such as diet, antenatal checkups, immunization, adequate sleep and rest, exercise, hygiene, breast care, breastfeeding the health problems and complications of pregnancy to make recommendations to enhance the knowledge and practices of antenatal care by improving the delivery of antenatal services (both quality and quantity) if they are less; and to continue with the present antenatal service rendering status if the knowledge and practices are adequate.

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A cross sectional study was conducted on knowledge & attitude on maternal health among rural to urban migrant women in china. A total of 475 women were interviewed & completed the self administered questionnaire after obtaining informed consent. The mean score of knowledge on maternal health care was 8.28 out of 12. However 36.6% women had attended the required 5 antenatal checks, 95.8% were knowledgeable about immunization, 71.2% agreed that antenatal care is necessary, 50.7% of them didn't know that anemia during pregnancy is preventable. Findings suggest that there is need for targeted health education to the pregnant women to improve maternal health.

A comparative study was conducted in Pakistan on knowledge among antenatal care facility utilizing and non utilizing women. Data was collected by a cross-sectional survey method from 200 married women between the age group of 15-49 years. Tetanus toxoid coverage was higher among women utilizing antenatal care (92%) compared to those who were not (59.2%). Knowledge about danger signals in pregnancy and realization of the importance of eating a healthy diet during pregnancy was significantly higher among women utilizing antenatal care.

An experimental study was conducted in Indonesia among 60 pregnant women from 10 cluster villages to ascertain new approach to antenatal care to improve pregnant women's knowledge of its benefits. The intervention group

received the new approach to antenatal care, while the control group received routine antenatal care. The findings showed that improvement of knowledge in the intervention group is significant particularly in the knowledge about healthy pregnancy ($p=0.012$), pregnancy complications ($p=0.01$), safe birth ($p=0.01$) and taking care of the new born ($p=0.012$). The improvement of knowledge was significantly influenced by the respondent's educational background ($p=0.002$) and socio-economic status ($p=0.027$). This study recommended that the new approach to antenatal care be considered to educate pregnant women regarding safe birth and is considered as one of the strategies that may be adopted to reduce maternal mortality.

A cross-sectional, community based house to house survey was conducted in Alexandria to compare the knowledge, attitude and practices towards ante natal care between rural and urban women using cluster sampling technique (30 clusters from urban area and 30 clusters from rural area). Results show that urban women had a higher mean total knowledge score than their counterparts of rural women. Also urban women had a significantly higher mean total score for their attitudes towards ante natal care compared to the rural women. On the other hand, nearly half of urban women (45.3%) had not been vaccinated during their last pregnancy compared to only 24.7% of rural ones.

A cross-sectional study was conducted to find out the utilization of health services in the antenatal, intranatal and postnatal period and the factors influencing the utilization of the health services. The results revealed that only 35.9% of the women had utilized all the 3 services completely. The socio demographic factors like literacy status, occupation, type of family, parity and an unwanted pregnancy were found to influence the pattern of utilization.

A community based study was conducted to determine the antenatal care and estimate the incidence of low birth weight in rural community of Haryana, India. Data were collected from 339 mothers and 339 newborns by interviewing and weighing respectively. The study findings revealed that incidence of low birth weight was 24.3%. During pregnancy 33.1% had pallor, birth interval was less than 2 years in 45.1%, 14% were multipara, 23% did not take any rest, 98% received tetanus immunization. The study concluded that complete antenatal check ups should be intensified in education of mothers.

STATEMENT OF THE PROBLEM

A study to assess the effectiveness of structured teaching programme on knowledge regarding Antenatal care among primigravida mothers at selected PHC, at Alamarathupatti dindigal.

OBJECTIVES OF THE STUDY

- To assess the pre-test knowledge regarding antenatal care among primigravida mothers.
- To compare the knowledge score on antenatal care before and after STP.
- To test the association between post-test knowledge score and selected background factors among primigravida mothers.

HYPOTHESIS

- H1** : Structured teaching programme among primigravida programme.
- H2** : There will be a significant association between the post test knowledge score on antenatal care and the selected demographic variables among primi mothers.

OPERATIONAL DEFINITION

Assess: It refers to the method of estimating the level of knowledge. In this study level of knowledge was assessed by knowledge stool.

Knowledge: It refers to the ability of the antenatal mothers to respond to question

Effectiveness: The change in the knowledge level of primi on selected aspects of antenatal care as a result of structured teaching program which is measure through interview

Structured teaching program: It refers to the systematically organized instructions regarding selected aspects of antenatal care to group of primi mothers by using power point presentation.

Primi Antenatal mothers: A mother who got pregnant first time .In this study first and second trimester.Antenatal mothers were choosen as sample.

Primary health center: PHC is the basic structural and functional unit of public health services in developing countries.

Antenatal care: Antenatal care comprises of the systemic, regular and periodic supervision of the pregnant women from the commencement of pregnancy until the onset of labour.

ASSUMPTIONS

- Antenatal mothers will gain adequate knowledge regarding antenatal care after the STP.
- Antenatal care promotes a healthy life of the mother
- Education will improve the knowledge of antenatal mothers regarding antenatal care during pregnancy.

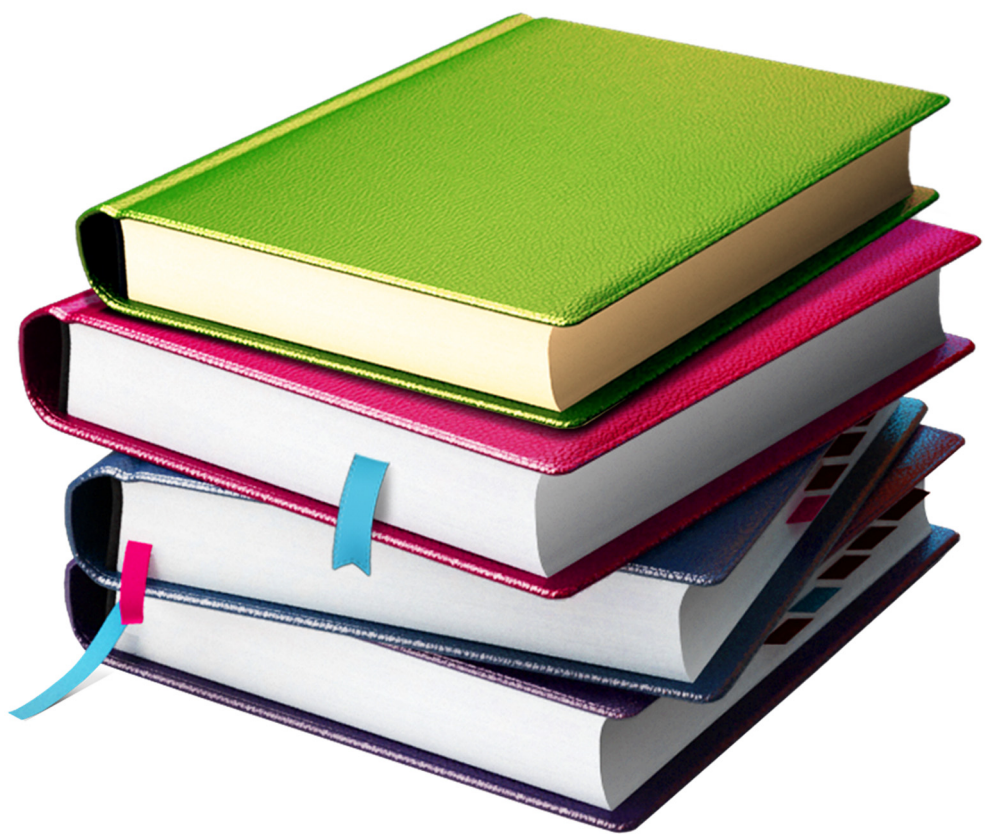
DELIMITATIONS

- The study was limited to only primi gravida mother
- Sample size was restricted to 60
- Chosen only one PHC.

PROJECTED OUTCOMES

- ✚ The study aims at determining the effectiveness of structured teaching programme on antenatal care among primi gravida mothers to improve our knowledge.
- ✚ Health teaching can help to create awareness among the people regarding the antenatal care.

The findings of this study will help the nursing personnel to take steps to improve the knowledge of mothers and provide the Nursing care.



Review of literature

CHAPTER-II

REVIEW OF LITERATURE

A review of literature related research and theory on a topic has become a standard and virtually essential activity of scientific research projects **“Literature review is a critical summary of research on a topic of interest, often prepared to put a research problem in contact or as the basis for an implementation project.”** Review of literature was undertaken to gain in depth knowledge on various aspects of the problem under study.

Nahla A (2010)

Conducted a comparative study to assess the Knowledge and Practices towards ANC between rural and urban women in Alexandria a cross sectional, community – based house to house survey was conducted in Alexandria using cluster – sampling technique 30 clusters from urban areas and 30 cluster from rural areas. Concerning maternal practices the current study revealed rural/ urban disparities as significantly higher proportions of urban women had proper practices during antenatal period in their last pregnancy as regards utilization earlier initiation and frequent visits of antenatal care.

Susila. C (2010)

Performed a study to assess the level of self motivation of primigravidae mothers towards antenatal care at Sree Ramachandra Hospital and Research institute Chennai, among 100 mothers only 8% of the mothers were with high level of self motivation towards receiving or following the antenatal care and she finds that there is a responsibility for the nurses to increase the level self motivation among antenatal mothers.

N.Gerein, S. , (2010)

Conducted a study to assess a framework for a new approach to antenatal care (ANC) is presented to improve maternal health. Based on evaluations of ANC, safe motherhood programs, gender and social theory it suggests that managers should draw

upon existing family and community support systems and develop partnerships beyond the health service. Policy and program changes are required in professional mandates for ANC provides oraganisation of ANC services, service protocols, training programs policy towards TBAs, referral care and service support system.

Adil H Ibnouf (2011)

Performed a study about utilization of routine antenatal health care services in Khartoum State, Sudan. Interviews were held among a representative sample of 400 marries women aged 15 – 49 years from both urban and rural localities was approximately 5 times and application of TT vaccination was 3.7 times higher in urban women as compared to women in rural areas. A higher quality of care (odds – ratio 5.8) and shorter walk time (odds ratio 3.1) were significantly associated with more utilization of routine antenatal care services. Mother education showed a nearly significant positive relationship both with use of routine antenatal health care services (odds ratio 2.1

R.J.Yadav (2011)

Conducted a study to assess the status of antenatal care among pregnant women in India. In that study 89% of the pregnant women availed antenatal visits of which 62% had received three or more ANC visits. Those receiving the second dose of TT or booster dose were about 78%. About 73% of the pregnant women received IFA tablets during their pregnancy. About 53% of the pregnant women had full package proportion of pregnant women who availed full ANC package was lower in rural as compared to urban areas, lowest for ST followed by SC higher for literate women as compared to illiterate women. The population of Institutional deliveries managed by hospitals and health centers was about 41% , it being higher among literate women and in urban areas. The study revealed that the literacy of women is the key to improve antenatal care of pregnant women. Hence efforts should be made to have information, Education and Communication (IEC) activities targeted to educate the mothers especially in rural areas.

C.S.Metgud, (2011)

Conducted a study of Utilization Patterns of Antenatal care among Pregnant women all women (n=130) village in Tanzania who were pregnant at the start of the

study and who became pregnant during the study. Most of the pregnant women (92.31%) were registered for antenatal care, but only 30.00% of them were registered in the 1st trimester of pregnancy. As regards to TT immunisation 70.77% of the pregnant women as received two doses or one booster dose iron and folic acid supplementation was taken by 59.68% of the pregnant women. Nearly 39.52% of the pregnant women were provided with full antenatal care. The main antenatal care provided for the pregnant women was doctor (64.52%). The study shows early and wide spread of the antenatal care, but it also reveals that the antenatal visits occur late in pregnancy.

S. Kiwawa (2012)

Conducted a study about the use of antenatal care maternity services for the pregnant women in Lewero Dist in Uganda. A sample size of 769 women in the viewed, among that 417 visiting initially, during second trimester 242, during third trimester 266. About the use of antenatal services most the woman delivered in health centers (28.7%), (26.4%) delivered from home, (18.2%) in private maternity homes and (13.8%) in hospital. About maternity service utilization approximately (59.2%) gave birth with a skilled attendant present others delivered other by themselves or with help of at relatives, friends and traditional birth attenders.

Akhtar Ali Qureshi (2012)

Performed a cross sectional survey to access the knowledge and practice of women utilizing and not utilizing antenatal care facilities during their previous pregnancy among 200 married women in the age range 15-49 years were compared by the calculating odds ratios and 95% confidence intervals. Studied showed Pallor was significantly lower among women utilizing antenatal care (57%) as compared to those who were not (77.6%) (O.R. 38.95% CI (. 18-81) p value. 02). Tetanus toxoid coverage was higher among women utilizing antenatal care (92%) compared to those who were not (59.2%) (O.R 10.8 95% CI (4.5-26.2). Knowledge about danger signals in pregnancy and realization of the importance of eating healthy diet during pregnancy was significantly higher among utilizing antenatal care. The finding reveals that Lesser prevalence of Anaemia and better tetanus toxoid coverage was seen among women attending antenatal care facilities. Identification of danger signals

in pregnancy and recognition of nutritional demands of pregnancy are better understood by women utilizing antenatal care facilities.

Gunilla (2012)

Conducted a study to assess the consequences of reduction of the routine programme for surveillance of normal pregnancy. The study of a total pregnant population comparing utilization of care the years before and after a new routine antenatal programme was introduced, a reduction of three to four midwife visits during the second half of pregnancy. All women from the catchment area gave birth in 1990 (n=2008) and 1992 (n=1874) and had attended antenatal care in the area during the second half of their pregnancy were analyzed for use of potential primary and secondary care, obstetric interventions, pregnancy outcome and perinatal outcome. The researcher revealed that compliance to the programme improved resulting in a reduction of only 1.8 visits initiated by staff increased slightly, but extra contacts initiated by the mother remained very few. There were no significant difference in material outcome or obstetric intervention and the rates of prematurity, low birthweight, low Apgar score and the need for neonatal interventions were equal both years. The study shows the reduction of three to four scheduled visits in the traditional antenatal care programme can be done without increasing demands for extra visits, need for specialist consultations or emergencies or less favorable outcome.

B.Moller, (2013)

Conducted a study of antenatal care at village level in rural in Tanzania among 707 women delivered in the study period. Ninety five percent of the antenatal records were available. Anemia, malaria and anticipated obstetric problems were the utmost frequent reasons for interventions. Among the women from the area who were delivered in hospital, 90% had been referred there. No relationship was found between the number of antenatal visits and the pregnancy outcome, but prenatal mortality was correlated to a low birth weight. Even with a mean attendance rate of six visits and full coverage by antenatal care maternal and prenatal mortality remains high.

Maduka W.E. (2013)

A study was conducted to determine the knowledge pregnant mothers have on the monitoring of foetal movement and its effect on perinatal outcome. The findings of the study were used to develop the content of a health education programme that is contextual and relevant to the needs of pregnant mothers. A quantitative research survey design was used to obtain information from pregnant mothers. Simple random probability sampling was used. Ninety-seven (97) pregnant mothers agreed to participate in the study. The results indicated that pregnant women who were able to perceive foetal movement during pregnancy regarded it as important.

Heins HC. (2013).

The study was conducted to improve perinatal outcome through social support. Resource Mothers are nonprofessional women who combine warmth, parenting experience, and knowledge of their local community services to reduce the hazards associated with rural adolescent pregnancy. Each Resource Mother is assigned to a pregnant teenage primigravida and serves as part of her support system throughout pregnancy and until the infant's first birthday. We studied 565 matched pairs (case/control) of rural teenage primigravidas with single pregnancies with and without the social support of the Resource Mother. There were significantly more patients with adequate prenatal care in the program group (P less than .000001). The frequency of low birth weight infants was significantly less ($P = .006$), as was the small-for-gestational-age rate ($P = .002$).

PRISM'S (2013)

Stated that a good well balanced diet is required in pregnancy to meet the need of fetus and to maintain the mothers health and prepare for lactation. A high proportion of woman in both industrialized and developing countries become anaemic during pregnancy. Estimates from the WHO reports that from 35% to 75% (56% on average) of pregnant women in developing and 18% of women from industrialized countries are anaemic. In India over 54% of pregnant women are anaemic and for every 1,00,000 live birth there are 301 maternal death in India. This can be reduced by registering the pregnancy in hospital or centre and mainly should counselled to come for follow up visit till the baby is born safely.

The investigator during the work experience in the hospital observed that the antenatal mothers had inadequate knowledge about particular aspects like antenatal visit diet, exercise, and hygiene. By considering the above factors, the investigator developed a genuine interest and felt the need for conducting the study on particular aspects of antenatal care.

Lack of knowledge, awareness and attitude makes incorrect perception of health practices which deals with the individual to move towards the unsafe motherhood, but these can be prevented if the mother had a teaching on antenatal care during her pregnancy. So the researcher was interested to assess the antenatal mothers knowledge, attitude and prepared planned teaching programme to educate them which help the mother to move towards safe motherhood.

HUNGLER (2013)

A review of related literature is an essential aspect of scientific research. It involves the systematic identification of location, scripture and summary of the written materials that contains information on a research problem. It gives understanding and gains an insight necessary for the development of a broad conceptual context in to which problem fit, Polit and

ROY,ET.AL (2013)

Conducted a study on maternal antenatal profile and immediate neonatal outcome in very and extremely low birth weight babies. The study was retrospective analysis of 92 patients of preterm labour at 26 to 36 weeks and analyzed various high risk factors for preterm labour, anaemia during pregnancy (32.6%), bacterial vaginosis (26%), Gestational hypertension (18.4%) and previous history of preterm labour (18.4%) were common associations for preterm labour.

PALANIAPPAN (2013)

Conducted a study in Chennai on role of antenatal care in safe motherhood and concluded that good antenatal care initiates safe motherhood.

ALAM,ET.AL2014)

Conducted comparative study on knowledge, attitude and practices among antenatal care facilities utilizing and non- utilizing women and concluded that lesser

prevalence of anaemia and better tetanus toxoid coverage was seen among attending antenatal care facilities, identification of danger signals in pregnancy, recognition of nutritional demand are better understood by women utilization antenatal care facilities.

CHANDRASEKAR(2014)

Study revealed that there is a clear association between infant mortality rate and lack of antenatal care. He analyzed the factors which determine the utilization of antenatal care and show the association between quality of antenatal care and maternal literacy, occupation, age and parity. Factors which are also significantly associated are socio-economic status, religion and those who do not receive any antenatal care are poor, illiterates, multi para, unskilled mothers over 30 years of age and who live far away from a Medical facility.

BAUL.(2014)

Conducted a study on maternal death in Kasturba hospital, New Delhi during 10 year period from January 1989 to December 1998. A total of 419 deaths were recorded among 1, 12,133 deliveries. Severe anaemia was the largest killer causing 31% of total deae post natal period and most of the deaths could have been prevented by better community participation, antenatal care and iron- folate prophylaxis.

KAMINI(2014)

Conducted a study at Coimbatore on knowledge, attitude, practices of antenatal care in which revealed that 57% of antenatal mother had inadequate knowledge on general information, 57% of antenatal mother had lower attitude and 67% of antenatal mothers had inappropriate practices and concluded that giving education and making awareness is essential among antenatal mothers.

AGARWAL,, ET.AL (2014)

Conducted a study on prevalence of anaemia during pregnancy. The present study selected seven states were used the same districts and villages studied in Himachal Pradesh, Haryana, Assam, Orissa, Kerala and Tamilnadu and Madhya Pradesh results of these study prevalence as well as severity of anaemia was significantly higher. The literacy and nutritional status of women in Tamilnadu was

lower than Kerala. The severity of nutritional anaemia continuous to remain a public health issue of great magnitude, suggesting that particularly in fertility, women education, nutrition status occupation, availability of antenatal service and iron folate tablets as possible factors responsible for difference in prevalence of anaemia.

TEMA (2014)

Conducted a cross sectional descriptive study to assess the prevalence and determinants of low birth weight. The result shown that those who did not receive additional diet during pregnancy had higher risk of delivering low birth weight babies and recommended that special attention should be given to adequate rest and additional diet during pregnancy and making antenatal service available and accessible to all pregnant women.

AMUDHA (2014)

Conducted an experimental study on the effect of structured teaching programme regarding antenatal exercise on knowledge and skill of pregnant women at Madurai in Tamilnadu and concluded that there is a great need of preparing a structured teaching programme on antenatal exercise for educating antenatal women for modifying their action. Improving the practice of antenatal exercise helps to prevent complications and lead to safe delivery

CONCEPTUAL FRAMWORK

Conceptual frame work is the conceptual underpinning of the study. It is a group of concepts and a set of proportions that spells out the relationship between them. The study was aimed to assess the effectiveness of structural teaching programe on knowledge regarding antenatal care among primigravida mother in rural primary health center in Alamarathupatti at Dindigal.

Input evaluation

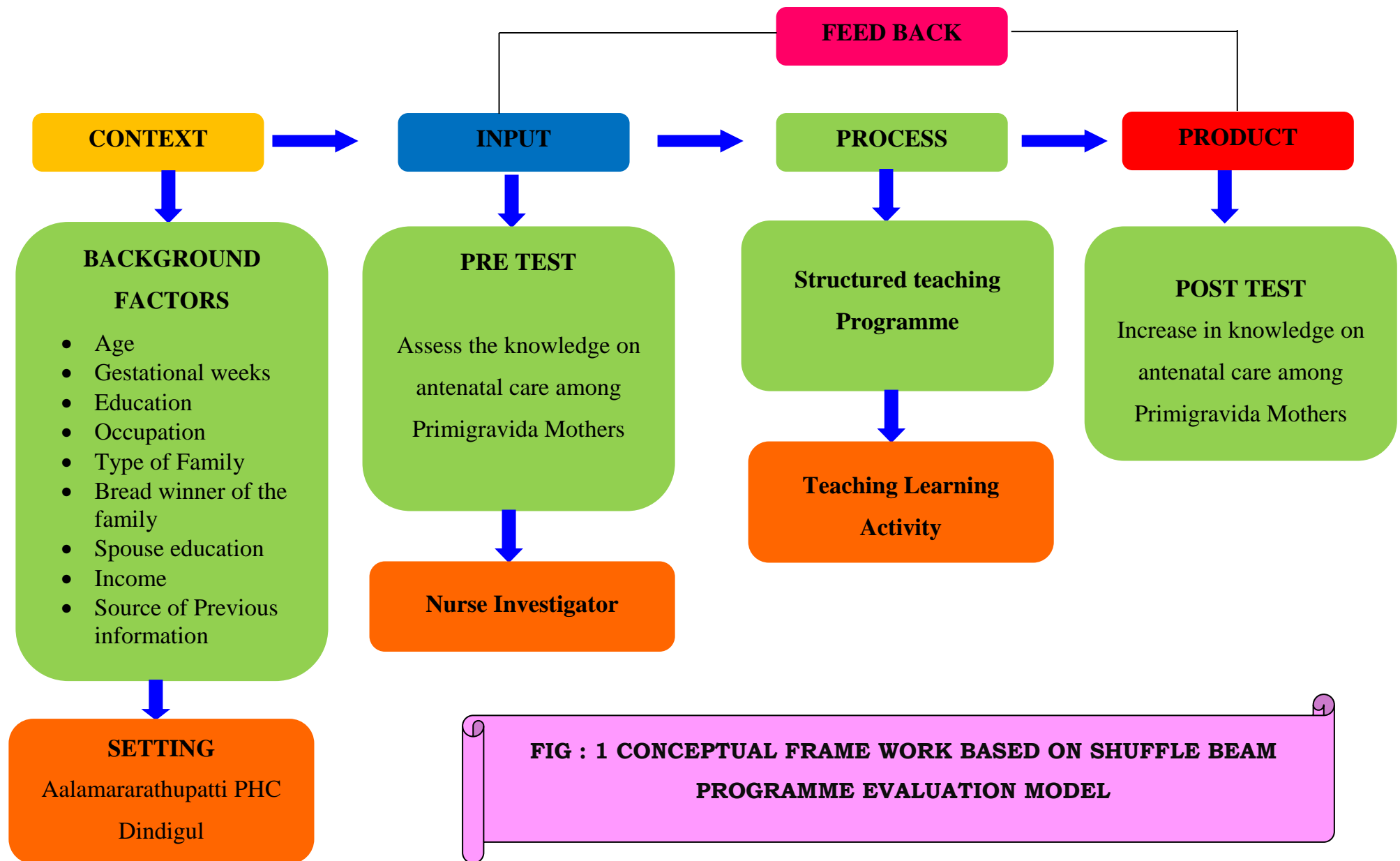
In this study it refers to care givers, structured teaching program has been taken using power point presentation among Primigravida mothers.

Process evaluation

Evaluates the implementing process includes the interaction between the clients and care givers. Structured teaching programme for about 30 minutes.

Product evaluation

In this study it refers to knowledge before and after the structured teaching programme. There is significant increase in knowledge and considered effective.



**FIG : 1 CONCEPTUAL FRAME WORK BASED ON SHUFFLE BEAM
PROGRAMME EVALUATION MODEL**



Methodology

CHAPTER- III

METHODOLOGY

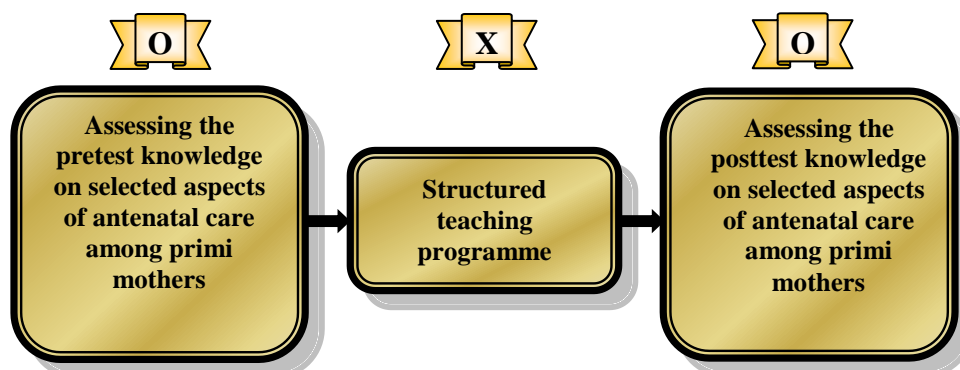
Methodology is the most important phase of the study. The methodology of research indicates the general pattern of organizing the procedure for gathering valid and reliable data for investigation. This chapter provides a brief description of the method adopted by the investigator in this study. This includes the research design, setting of the study, population, sample, and sample size, sampling technique, criteria for sample selection, description of the tool, pilot study, data collection procedure, plan for data analysis and protection of human rights.

RESEARCH APPROACH

Quantitative research approach was used for the present study. According to Polit and Beck (2010) A Quasi experimental research design refers to a design for an intervention study in which subjects are non randomly assigned to treatment condition, also called a non randomised trial, or a controlled trial without randomization. The present study is aimed at evaluating the effectiveness of structural teaching programme on knowledge regarding antenatal care among primi gravid mothers.

RESEARCH DESIGN

One group pretest post test experimental study design will be adopted for this study. The research design helps the researcher in the selection of subjects, manipulation of experimental variables, testing the research hypothesis, procedure of data collection and the types of statistical analysis to be used to interpret the data. One group pretest posttest experimental study design will be adopted for the present STP.



VARIABLE

The three categories of variables discussed in the present study were,

Independent variables	:	Structured teaching program
Dependent variables	:	Antenatal care
Associate variables	:	Age, gestational week, education, occupation, type of family, bread winner of family, spouse education income, sources of information of primi mothers,

SETTING OF THE STUDY

The study was conducted among the primi gravida mothers at Selected PHC, Alamarathupatti at Dindigal.

SAMPLE SIZE

The selection of sample was on the availability of primi gravida mothers. The sample size was be 60.

POPULATION

The Target accessible of the study includes the primi mothers who attended antenatal visit at Selected PHC and who met the criteria that the researcher established for a study.

SAMPLING TECHNIQUE

The primi gravida mothers (60) who fulfilling the inclusion criteria was selected by non- probability convenient sampling technique.

SAMPLING CRITERIA

In sampling criteria the researcher specifies the character the population under the study by detailing the inclusion and exclusion criteria. The inclusion criteria characterizes that each sample element must possess to be include in the sample. Exclusion criteria the characteristics that could confirm the result of the study; Therefore such participants and the excluded fore the study.

INCLUSIVE CRITERIA

- Primi gravida mothers at I st and II nd trimester.
- Antenatal mothers who were attending the visits at selected PHC.
- Antenatal mothers who were willing to participate in the study.

EXCLUSIVE CRITERIA

- Multi gravida mothers
- Antenatal mothers who were at high risk.
- Mothers those who understand tamil
- Antenatal mothers who were not willing to participate in the study

DEVELAPMENT OF TOOL

A structural questionnaire was used to assess the knowledge and practices regarding antenatal care among antenatal mothers. Prior to the study, written permission can be obtained authorities. Further consent can be taken from samples regarding their willingness to participate in the study. The data will be collected by the investigator herself. .

DESCRIPTION OF THE TOOL

The study tool considered of two section,

Section A: Demographic variables consist of baseline information of primi gravida women regarding age, education, religion, occupation, income and source of information.

Section B: Structured knowledge questionnaire regarding selected aspects of antenatal care.

VALIDITY OF THE TOOL

The entire tool was validated by medical experts and nursing experts. Experts were requested to judge the tool for its clarity, relatedness, sequence, meaning, fullness, and content. Few modifications were made as per suggestions given by the experts. The tool was developed in English and it was translated into Tamil. Retranslation was done and language validity was established.

RELIABILITY

The stability of an instrument refers to the instrument's reliability to produce the same result with repeated testing. Inter-rater reliability was done. The subjects were selected by convenient sampling. Six persons were tested by using the interview schedule. Correlation Coefficient was found out $r = (0.79)$. The tool was highly reliable.

PILOT STUDY REPORT

Pilot study was conducted at primary health center in Alamarathupatti, Dindigul, for a period of thirty days. Permission was obtained from the deputy director of health service. A quasi-experimental design was adapted to assess the level of knowledge on selected aspects of antenatal care. The pilot study was conducted with 10% of the total population. Participants who met the eligible criteria were selected by convenience sampling technique. The purpose of the study was explained and written with the consent obtained from each patient. The study was assessed by using interview method. The duration of data collection for each participant was 30 minutes. No problem was faced during pilot study.

TECHNIQUE OF DATA ANALYSIS

Data analysis was done with the help of quasi-experimental design and inferential statistics.

SAMPLE SIZE CALCULATION

Based on pilot study sample size was calculated and 60 samples were taken for the main study.

DATA COLLECTION PROCEDURE

Written permission was obtained from the deputy director of health services, dindigul. Primi mothers who fulfilled the inclusion criteria were selected by using convenient sampling method. The researcher introduced self to the primi mothers and developed good rapport with them for their co-operation. The researcher assured the participants for the confidentiality for their responses.

The purpose of the study was explained to every sample, so as to get their full co-operation. Adequate privacy was provided. Pre test has been done with the help of interview schedule. A class has been taken as an intervention with the help of power point. Finally post test has been done.

PLAN FOR DATA ANALYSIS

In the present study the data collected were grouped and analysed, using SPSS, version 16 software. The level of significance was 0.05 level.

The data were analyzed as follows:

The data was analyzed by using descriptive & inferential, The effectiveness of was evaluated by using paired 't' test & chi-square test, to find out the association between the knowledge regarding antenatal care among primi gravida women and selected demographic variables.

Only the questionnaires were distributed before & after the introduction of STP.

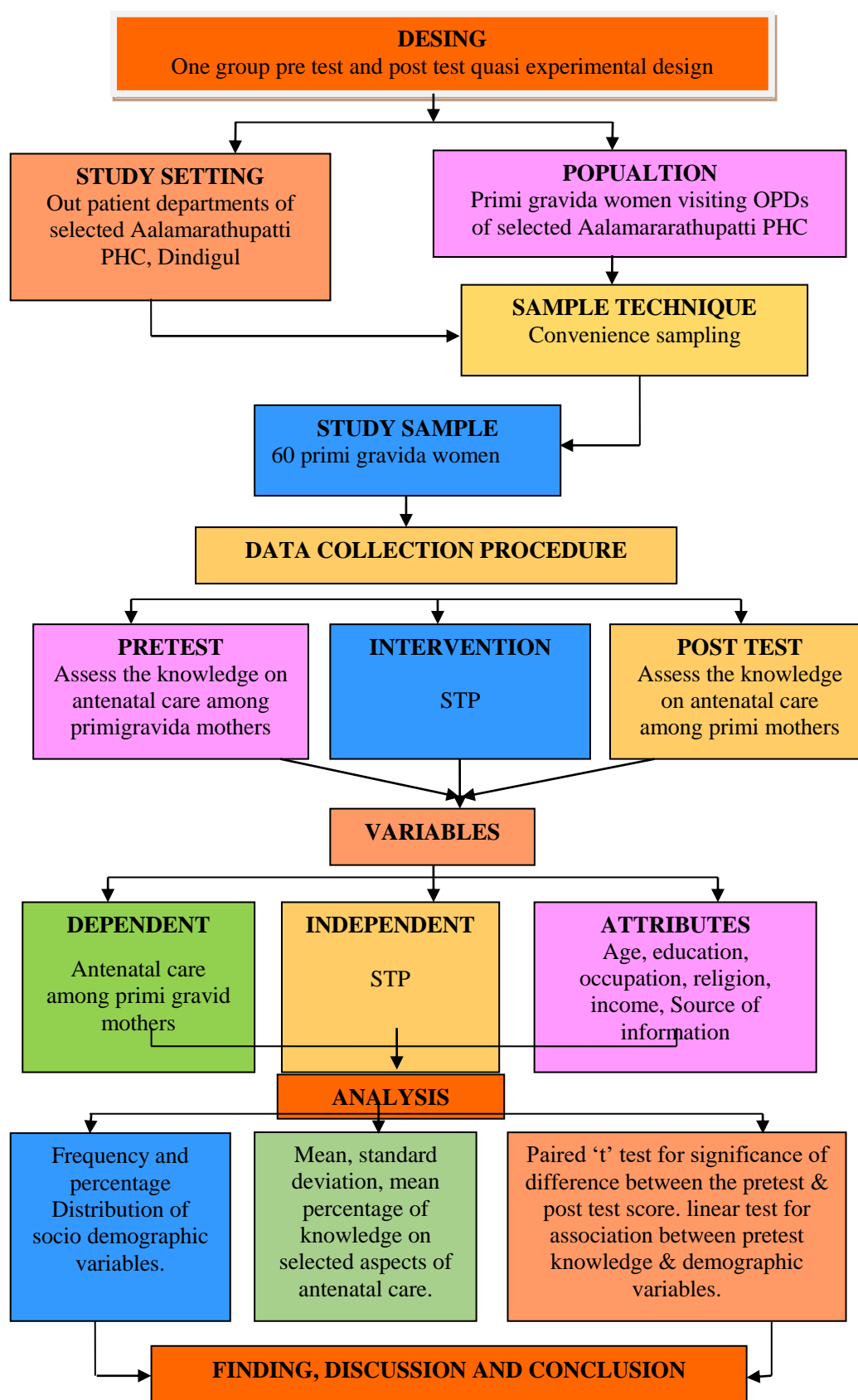
Has ethical clearance been obtained from your institution in case of the above question?

Yes, consent letter from the college was obtained.

ETHICAL CONSIDERATIONS

Does study require any investigation or intervention to be conducted? Has ethical clearance been obtained from college authorities in case study investigation applied? yes Consent was taken from the respondents and the concerned authorities of the college. Has ethical clearance been obtained from your institution. Yes consent was obtained from the mothers by orally. The mothers had the freedom to leave the study at her will without any reason.

FIG ; 2 SCHEMATIC OUTLINE OF RESEARCH DESIGN





Data analysis

CHAPTER-IV

DATA ANALYSIS AND INTERPRETATION

Analysis and interpretation of data of this study was done by description and inferential statistics. Analysis was done by using SPSS, version 20. A probability value of less than 0.05 was considered to be significant.

This chapter deals with analysis and interpretation of data collected on knowledge regarding antenatal care among primigravida mothers.

THE OBJECTIVES OF THE STUDY

- To assess the level of knowledge regarding antenatal care among primigravida mothers.
- To assess the level of knowledge before and after structured teaching programme among primigravida mothers.
- To test the association between post-test knowledge score and selected background factors among primigravida mothers.

Section I : Data on background factors of the primigravida mothers.

Section II : Data on knowledge on antenatal care before and after structured teaching program among primigravida mothers.

Section III : Data on association between the post-test knowledge score and factors among primigravida mothers.

SECTION I
DATA ON BACKGROUND FACTORS OF PRIMIGRAVIDA MOTHERS

TABLE – 1
FREQUENCY AND PERCENTAGE DISTRIBUTION OF
PRIMI MOTHERS REGARDING BACKGROUND FACTORS

N=60

S.NO.	BACKGROUND FACTORS	FREQUENCY	PERCENTAGE (%)
1.	AGE		
	a) 18-20 years	13	21.7%
	b) 21-25 years	35	58.3%
	c) 25-30 years	12	20%
2.	GESTATIONAL WEEKS		
	a) 1-3 months	6	10%
	b) 3-5 months	30	50%
	c) 5-7 months	24	40%
3.	EDUCATION OF SPOUSE		
	a) Illiterate	10	16.7%
	b) Primary School	12	20%
	c) Secondary School	38	63.3%
4.	INCOME		
	a) Above 50,000	8	13.3%
	b) Below 50,000	36	16%
	c) Poor	16	26.7%
5.	TYPE OF FAMILY		
	a) Joint Family	27	45%
	b) Nuclear Family	33	33%
6.	BREAD WINNER OF FAMILY		
	a) Father in law	19	31.7%
	b) Husband	41	68.3%
7.	PREVIOUS INFERNATION		
	a) Any media	5	8.3%
	b) VHN	19	31.7%
	c) Relation	36	60%

Table- I shows that frequency and percentage distribution on demographic variables among primigravida mothers.

Regarding age majority of antenatal mothers 35 (58.3%) belongs to 21-25 years and least 12(20%) belongs to the age group 25-30 years.

Regarding bread winner of family of 41 (68.3%) belongs to husband and least 19 (31.7%) belongs to the father in law.

Regarding spouse education of majority 38 (63.3%) belongs to secondary school and least 10(16.7%) belongs to the illiterate.

Regarding income majority 36 (16%) belongs to below 50,000/year and least 8 (13.3%) belongs to the above 50,000/year.

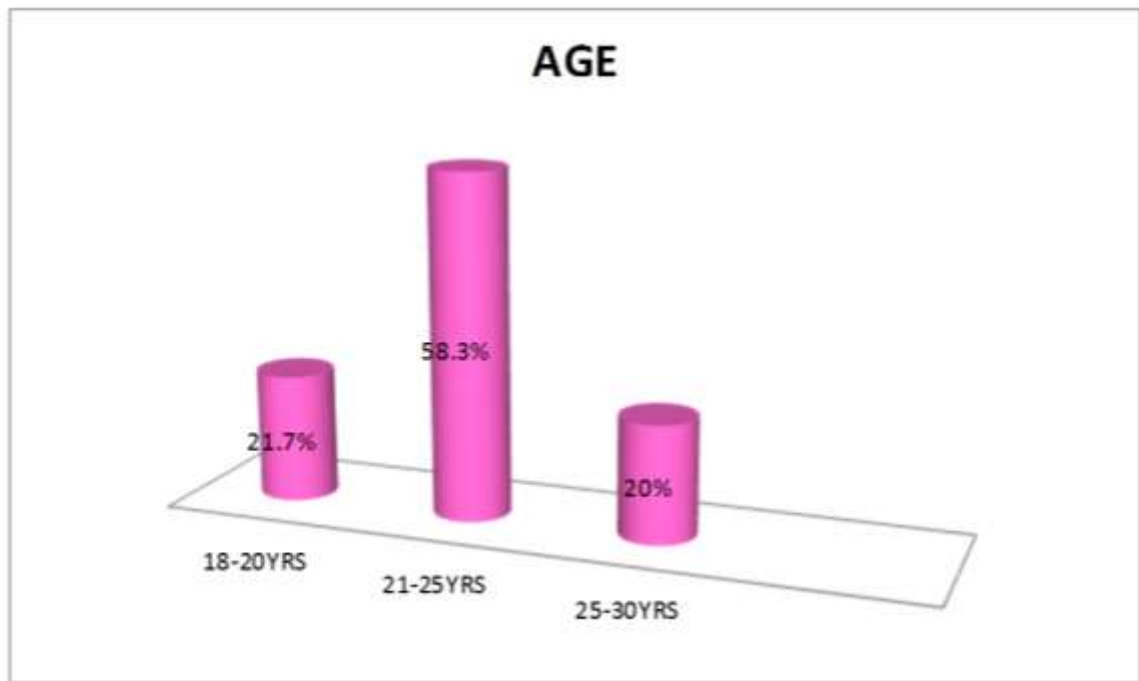


Figure 3: Frequency and percentage distribution of age

Reveals the frequency and percentage distribution of age regarding age 18-20years 13[21.75%], 21-25years, 35[58.3%], and 25-30years 12[20%]. Inference drawn from the table majority was [58.3%] of 21-25 years.

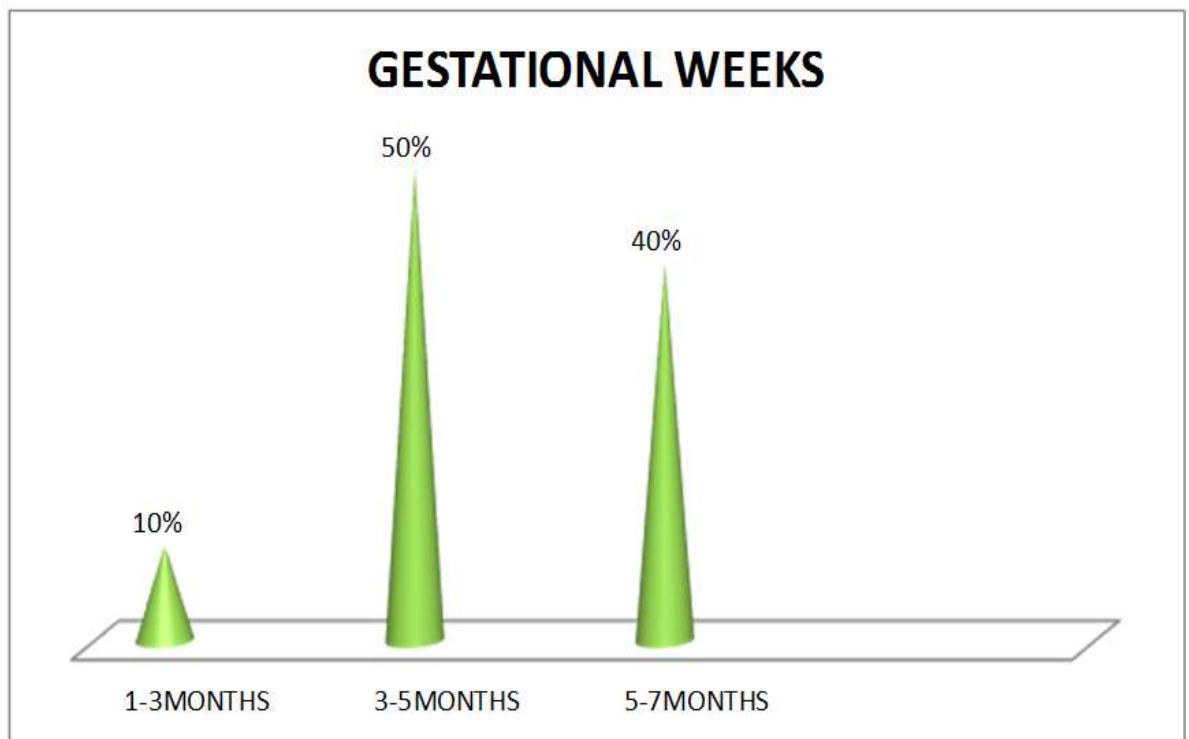


Figure 4: Frequency and percentage distribution of gestational weeks

Reveals the frequency and percentage distribution of gestational weeks Regarding gestational weeks, 1-3 months 6 [10%], 3-5 months, 30 [50%] and 5-7 months, 24 [40%] .Inference drawn from the table majority was 30 [50%] of the 3-5 months.

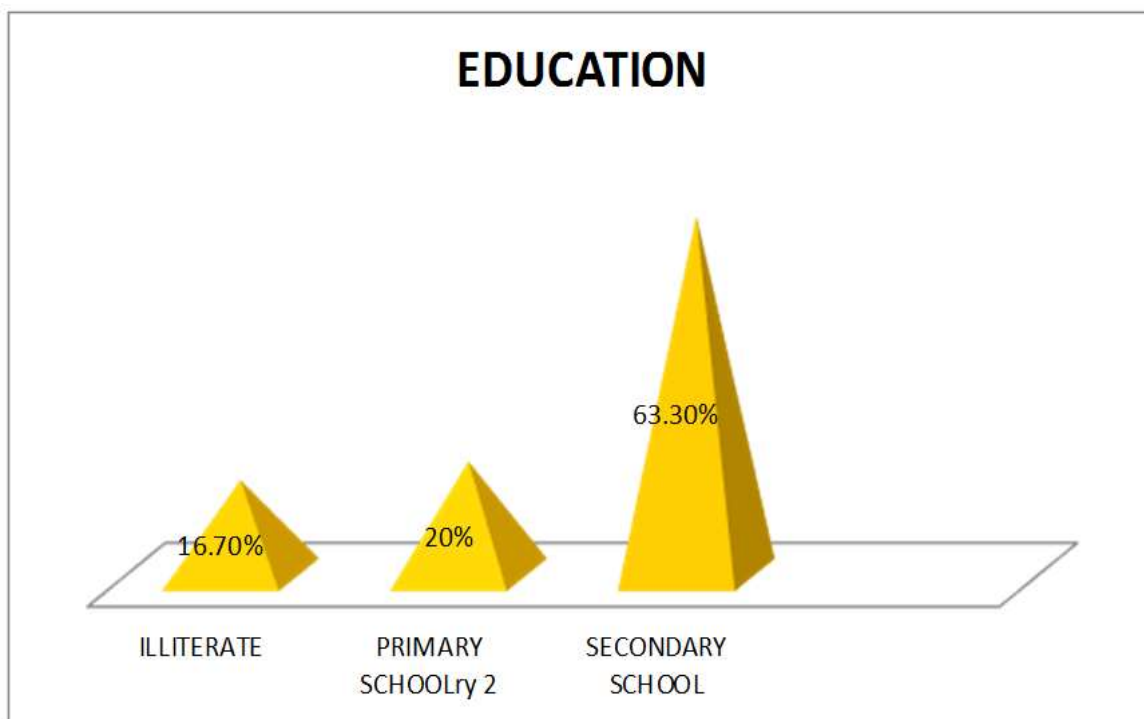


Figure 5: Frequency and percentage distribution of education

Frequency and distribution of education regarding education 10 [16.7%] were illiterate, 12 [20%] were in primary school, 38 [63.3%] were secondary school and 0 [0%] were no degree. Conclusion from the table was that majority [63.3%] of the educational status in the secondary school.

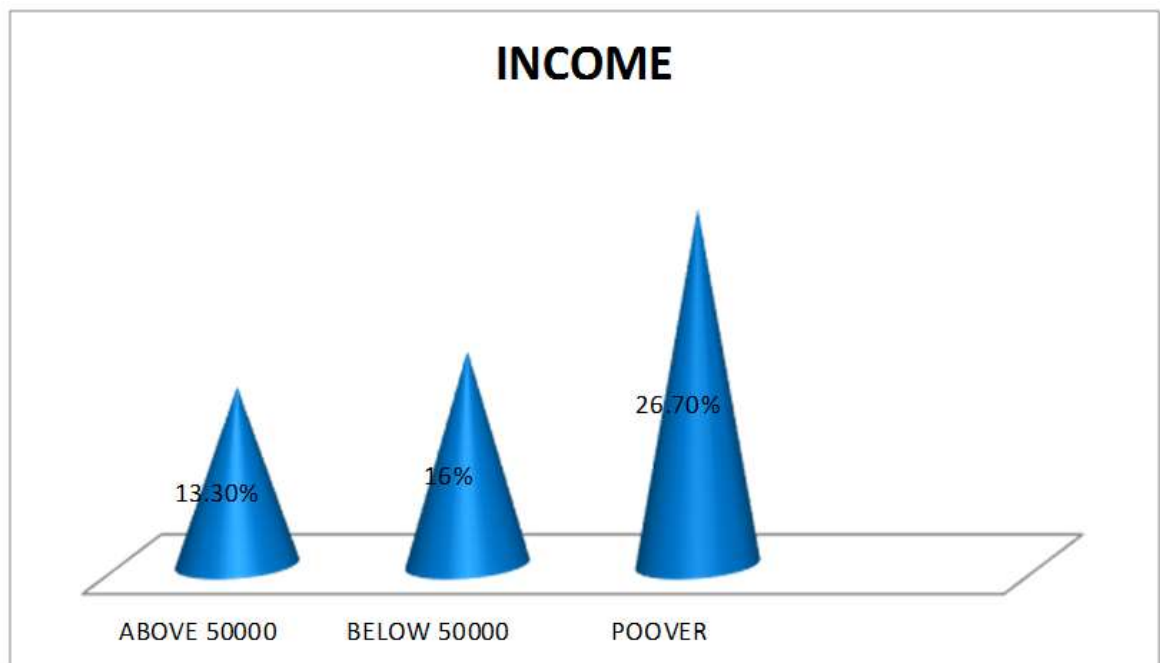


Figure 6 : Frequency and percentage distribution of income

Frequency and percentage distribution of income, regarding of the income, 8[13.3%] were above 50,000/years, 36[16%] were below 50,000/years, 16[26.7%] were poor/year .Inference drawn from the table was that majority [26.7%] of poor/year. .

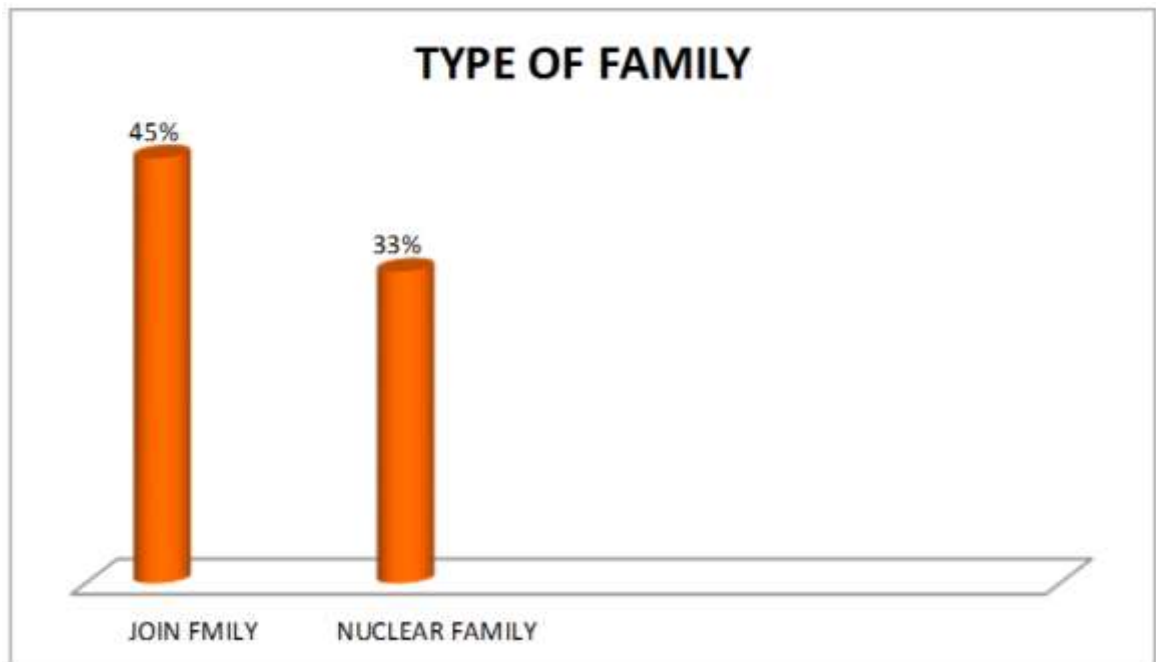


Figure 7 : Frequency and percentage distribution of type of family

Frequency and percentage distribution of type of family, regarding type of family, 27 [45%] were belong to the joint family, 33 [33%] of them belong to the nuclear family. Inference drawn from the table was that majority [45%] of the living in joint family.

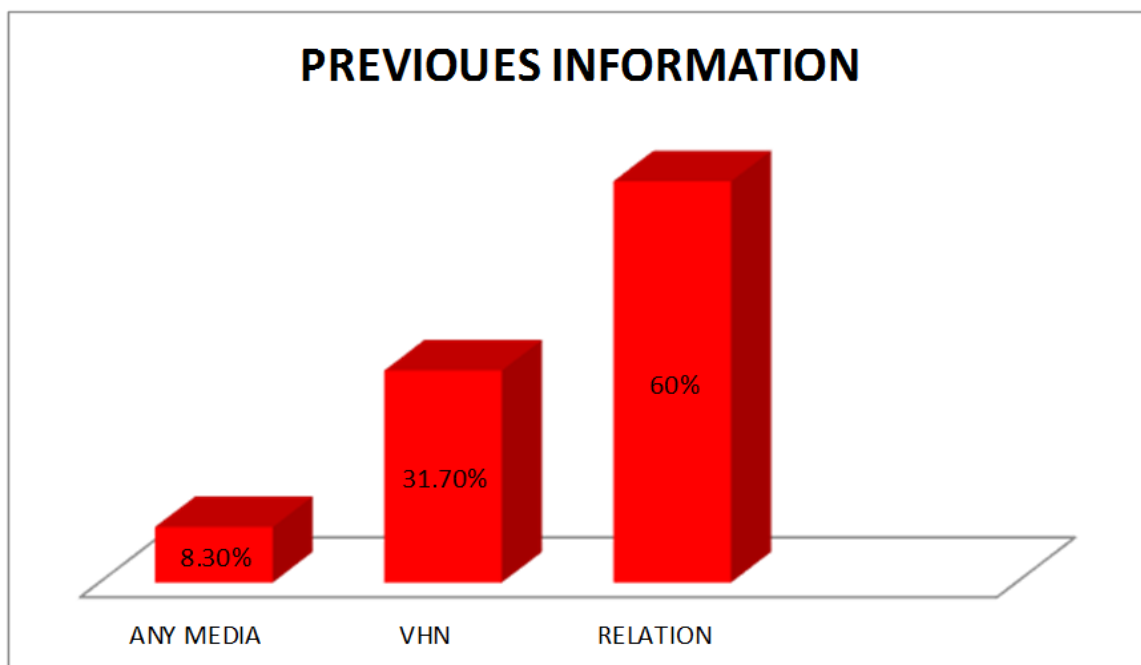


Figure 8: Frequency and percentage distribution of source of previous information

Frequency and percentage distribution of source of previous information, regarding source of information, 5(8.3%) were any medias, 19(31.7%) VHN, 36(60%) were any relation and 0 (0%) were others.inference drawn from the table was that majority (60%) of the previous information collecting from the relation.

Section II :Data on knowledge pre test and post test after the structured teaching program among Primi mothers.

For the purpose of this study the following null hypothesis was stated.

H₀₁ : There will be no significant difference on knowledge score before and after the structured teaching programme.

H₀₂ : There will be no significant difference between the post test knowledge score and the selected among primigravida mothers.

TABLE – 2

MEAN, SD, MEAN DIFFERENCE AND “t” VALUE ON PRE TEST AND OVERALL POST TEST ON KNOWLEDGE AMONG PRIMIGRAVIDA MOTHERS.

N=30

KNOWLEDGE SCORE ON ANTENATAL CARE	MEAN	STANDARD DEVIATION (SD)	MEAN DIFFERENCE	TABLE VALUE “T”	P(>0.05)
PRE TEST	9.38	3.289	18.583	41.132	0.00
POST TEST	27.96	1.517			Significant

The obtained overall post test mean 27.96 (SD=1.517) was greater than the pre test mean 9.38 (SD=3.289)

The obtained mean difference was 18.583 and “t” value t=41.132 (P=0.00) was significant.

It inferred that knowledge have significantly increased after the structured teaching program among primi mothers. It was found to be very effective.

SECTION III: DATA ON ASSOCIATION BETWEEN THE MEAN DIFFERENCE OF POST TEST KNOWLEDGE ON ANTENATAL CARE OF BACKGROUND FACTORS AMONG PRIMIGRAVIDA MOTHERS

For the purpose of this study the following reasearch hypothesis was stated.

H1 : There will be significant difference on knowledge the before and after the structured teaching programme.

H2 : There will be significant difference between the post test knowledge score and the selected background factors primigravida mothers

TABLE – 3

LINEAR REGRESSION REGARDING KNOWLEDGE ON ANTENATAL CARE AND BACKGROUND FACTORS AMONG PRIMIGRAVIDA MOTHERS

S.NO.	VARIABLES	STANDARDIZED COEFFICIENTS (BETA)	t	P(>0.05)	SIG/NS
1.	AGE	0.054	0.361	0.719	S
2.	GESTATIONAL WEEKS	0.28	1.541	0.130	S
3.	EDUCATION	0.235	1.463	0.150	S
4.	OCCUPATION	0.304	2.116	0.039	S
5.	TYPE OF FAMILY	0.021	0.136	0.892	NS
6.	BREAD WINNER OF FAMILY	0.057	0.381	0.705	NS
7.	SPOUSE EDUCATION	0.209	1.310	0.196	NS
8.	INCOME	0.044	0.296	0.768	S
9.	SOURCE OF INFORMATION	0.151	1.103	0.275	S

	age	weeks	edu cation	occu pation	family	leader	qualifi cation	income	exper ience
Chi-Square	16.900 ^a	15.600 ^a	24.400 ^a	5.700 ^a	.600 ^b	8.067 ^b	17.200 ^a	20.800 ^a	24.100 ^a
df	2	2	2	2	1	1	2	2	2
Asymp. Sig.	.000	.000	.000	.058	.439	.005	.000	.000	.000

a. 0 cells (.0%) have expected frequencies less than 5. The minimum expected cell frequency is 20.0.

S-significant, NS – Non Significant

Table-III, revealed the standardized co-efficient and “t” value regarding mean difference of post test knowledge on antenatal care and background factors among primigravida mothers based on linear regression.

The obtained “t” values $t=0.361$ (0.719), $t=1.541$ (0.130), $t=1.463$ (0.150), $t=2.116$ (0.039), $t=0.136$ (0.892), $t=0.381$ (0.705), $t=1.310$ (0.196), $t=0.296$ (0.768), $t=1.103$ (0.275) reported for Age, gestational weeks, education, occupation, type of family, bread winner of the family, spouse education, income, source of information respectively were not significant in relation to structured teaching program.

It inferred that there was greatest influence on mean difference in post test knowledge on Antenatal care and background variables among primigravida mothers, structured teaching program was independently effective to increase the knowledge on Antenatal care of primigravida mothers.



Discussion

CHAPTER-V

DISCUSSION

This chapter deal with the discussion of the study with appropriate literature, statistical analysis and the findings of the study based on the study objectives.

The aim of the study was to assess the knowledge on antenatal care among primigravida mothers who were attending the antenatal clinic in Antenatal care during primary health center Alamarathupatty at Dindigul.

The main study was conducted from sample numbering of 60 among primigravida mothers who were attending the antenatal clinic in primary health center, Dindigul.

The knowledge on Antenatal care among primigravida mothers was assessed by tool.

HYPOTHESIS

- H1 : There was significant difference on knowledge before and after the structured teaching programme.
- H2 : There was significant difference between the post test knowledge score and the selected background among primigravida mothers.

The first objective of the study was to assess the level of knowledge of Antenatal care among primigravida mothers who were attending the antenatal clinic in Antenatal care in Primary Health Center, Alamarathupatty, Dindigul.

Table I showed the frequency distribution and percentage on background factors among primi mothers aged between 25-30 years. Regarding age, 13 (21.7%) were between the age group of 18-20 yrs, 35 (58.3%) were between the age group of 21-25 yrs and 12 (20%) were between the age group of 25-30 yrs, Regarding gestational weeks, 6(10%) were 1-3 months, 30 (50%) were 3-5 months, 24 (40%) were 5-7 months. Regarding education 10(16.7%) were illiterate, 12 (20%) were

primary school, 38 (63.3%) were secondary school and 0 (0%) were no degree. Regarding occupation 19 (31.7%) were father in law, 41 (68.3%) were husband. Regarding type of family 27 (45%) were joint family, 33 (33%) were nuclear family.

Regarding income 8 (13.3%) were above 50,000/years 36 (16%) were below 50,000/years, 16 (26.7%) were poor. Regarding sources of information 5 (8.3%) were no media, 19 (31.7%) were VHN, 36 (60%) were relation.

Table II: shows that mean, SD, mean difference “t” value on pre test score and over all post test score on knowledge among primi mothers. The obtained overall post test mean 9.38 (SD=3.289) was less than the pre test mean 27.96 (SD=1.517). The obtained mean difference was 18.583 and “t” value $t=41.132$ ($P=0.00$) was significant.

Table III: reveals the standardized co-efficient and “t” value regarding mean difference of post test knowledge on antenatal care and selected background factors among primimothers based on linear regression. The obtained “t” values $t=0.361(0.054)$, $t=1.541(0.228)$, $t=1.463(0.235)$, $t=2.116(0.304)$, $t=0.136(0.021)$, $t=0.38(0.057)$, $t=1.310(0.209)$, $t=0.296(0.044)$, $t=1.103(0.151)$ reported for age, gestational weeks, education, occupation, type of family, bread winner of the family, spouse education, income, source of education respectively were not significant in relation to structured teaching program.



Conclusion

CHAPTER-VI

CONCLUSION, IMPLICATIONS AND RECOMMENDATIONS

The essence of any research project was based on study findings, limitations, interpretation of the result and recommendations that incorporate the study implication. It also gave meaning to the results obtained in this study.

SUMMARY

The prime aim of the study was to assess the effectiveness of structured teaching program on Antenatal care among primigravida mothers in Primary Health Center, Alamarathupatty, Dindigul.

The Objectives of the study were,

- To assess the level of knowledge of Antenatal care among primigravida mothers.
- To assess the post test level of knowledge before and after structured teaching programme among primigravida mothers.
- To test the association between post test knowledge score selected background factors among primigravida mothers.

The study attempted to examine the following research hypothesis.

H1: There will be significant difference between the before and after the structured.

H2: There will be the significant difference between the post test knowledge score and the selected demographic variables among primigravida mothers.

The major assumption of the study include the mothers would co-operate with the investigator and every month was unique.

The review of literature helped the investigator to develop the conceptual frame work, and develop intervention of structure teaching program. Literature review was done for the present study and presented in the following heading. Studies related to Antenatal care, studies related to Antenatal mother, studies related to family planning.

The conceptual frame work adopted for the present study was based on input through In-put output model.

The research approach for the study was evaluated in nature. The present study was one group pre test post test design. Independent variable in this study was structured teaching program. Dependent variables for this study were primi mothers. Associative variables for this study were age, gestational weeks, education, occupation, type of family, bread winner of the family, spouse education, income and source of information.

The tool developed and used for data collection was an interview schedule to assess the knowledge on Antenatal care among primigravida mothers. The structured teaching program was developed on the basis of related literature. The content validity was found reliable and feasible. The reliability of the tool was established by inter rater reliability, correlation was found high, $r=0.79$. The pilot study was conducted at Primary Health Center in Alamarathupatty Dindigul and study was found feasible.

The main study was conducted in Primary Health Center in Alamarathupatty at Dindigul. Convenience sampling technique was used to select the samples. Pre test was done to assess the knowledge on Antenatal care among primigravida mothers.

The intervention on structured teaching program was administered; post test was done to assess the knowledge on antenatal care among primigravida mothers. The data gathered were analyzed using SPSS (version 20) software at the level of significance based on the study objectives.

MAJOR FINDINGS

The findings of the study are presented under the following headings based on the objective of the study.

Objective 1: To assess the level of knowledge of Antenatal care among primigravida mothers.

There was a significant increase in mean post test score after the structured teaching program among primigravida mothers $t=41.132$ ($P=0.05$).

Objective 2 : To find out the association between the post test knowledge score and selected demographic variables among primimothers.

The obtained “t” values regarding post test score and selected factors such as age, gestational weeks, education, occupation, type of family, bread winner of the family, spouse education, income and source of information ($P>0.05$) were not significant.

The obtained $t=0.361$ regarding post test score and age of primigravida mother was significant age made significant difference in mean difference knowledge among primigravida mothers.

Selected factors such as age, education, occupation, type of family, bread winner of the family, spouse education, income and source of information, did make any difference in the mean difference on post test score among primi mothers.

IMPLICATIONS

The study had implications, guidelines and suggestions for nursing practice, nursing education and nursing research.

Implication for Nursing Practice

- Structured teaching program is an effective measure to increase the knowledge. Nurse can use the structured teaching program as an effective measure to increase the knowledge.

NURSING EDUCATION

- Structured teaching program on Antenatal care among primigravida mothers can be brought in detail in nursing curriculum from undergraduate level.

NURSING RESEARCH

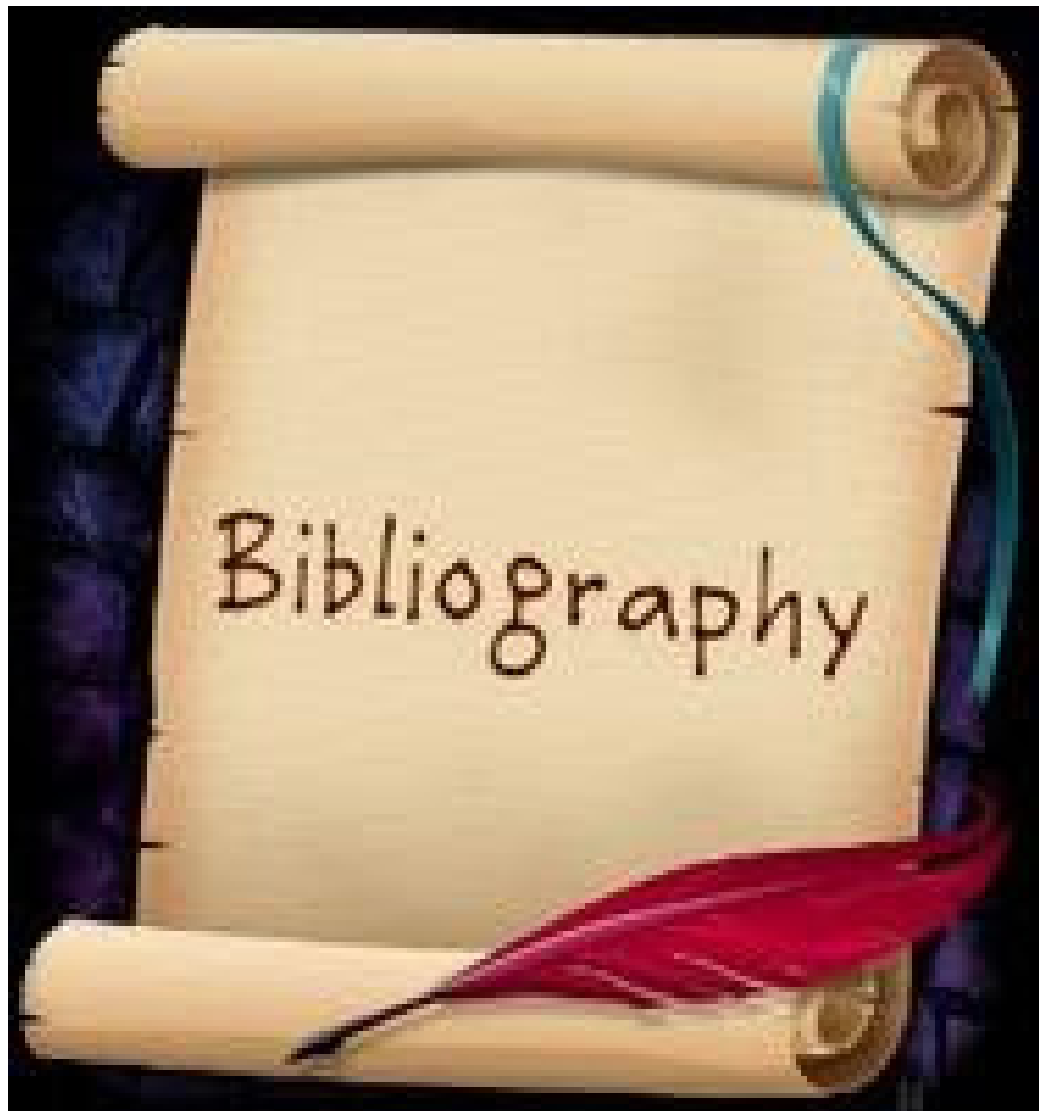
- The study will be valuable reference for further research.
- The findings of the study would help to expand the scientific body of professional knowledge up on which further research can be conducted.
- Structured teaching program can be used as a specific Nursing intervention.

RECOMMENDATIONS

- A similar study can be conducted in large scale.
- Comparative study can be done to assess the effectiveness of structured teaching program and video teaching program on knowledge regarding Antenatal care among primigravida mothers.

CONCLUSION

Structured teaching program significantly increases the knowledge on antenatal care among primigravida mother. So in future nurses can prepare an effective structured teaching program to reduce the maternal mortality rate.



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Appendix

APPENDIX – I

PERMISSION LETTER

FROM

301523051
Msc.N II Year
Jainee college of Nursing
Dindigul.

TO

The Principal
Jainee college of Nursing
Dindigal.

Respected Madam,

Sub: Seeking permission to conduct the research study-regarding

I am Mrs.victoria mary II year M.sc N student of jainee college of nursing dindigal,under the Tamil Nadu Dr.M.G.R Medical University, Chennai .As a partial full fillment of University requirement for the Award of Master of Science in Nursing Degree,I would like to a research on conduct **“A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOLEDGE REGARDING ANTENATAL CARE AMONG PRIMIGRAVIDA MOTHER AT SELECTED PHC, ALAMARATHUPATTI DINDIGAL “** Which is a upgraded primary health center almarathupatti, in dindigal.Please grand me permission for the same

Thanking you

Yours sincerely

Place:

Date:

(Mrs. Victoria mary)

APPENDIX – II

List of Experts

1. **Dr.Uma Devi, M.D., DGO.,**
Consultant Gynecologist,
Saradha Hospital,
Dindigul.
2. **Miss.Meera, M.Sc., (Nursing),**
OBG Department,
Vice Principal,
Jainee College of Nursing,
Dindigul.
3. **Mrs.K.Kavitha, M.Sc., (Nursing),**
OBG Department,
Reader,
Sacred Heart College of Nursing,
Pudupatti,
Vellodu.
4. **Mrs.Kanga Eswari, M.Sc., (Nursing),**
OBG Department,
Assistant Professor
Shakthi College of Nursing,
Oddanchatram,
Dindigul.
5. **Mr.Senthilkumar, M.Sc., Ph.D., (Statistics),**
Professor,
Indira College of Nursing,
Trichy.

APPENDIX - III

CERTIFICATE OF CONTENT VALIDITY

TO WHOM SO EVER IT MAY CONERN

This is to certify that the tool prepared by **Mrs.D.Victoria Mary, M.Sc., (N)** II year student of Jainee College of Nursing for the conduction of the research study on “A study to assess the effectiveness of structured teaching programme on knowledge regarding antenatal care among primigravida mothers at selected PHC, Alamarathupatti Dindigul is valid. She can proceed in conducting study with a data collection.

Signature of Validator

Name of the Validator	:	Mrs.K.Kavitha, M.Sc., (Nursing)
Designation	:	Reader of OBG Department
Name of the Institution	:	Sacred Heart College of Nursing, Dindigul
Date	:	

CERTIFICATE OF CONTENT VALIDITY

TO WHOM SO EVER IT MAY CONERN

This is to certify that the tool prepared by **Mrs.D.Victoria Mary, M.Sc., (N)** II year student of Jainee College of Nursing for the conduction of the research study on “A study to assess the effectiveness of structured teaching programme on knowledge regarding antenatal care among primigravida mothers at selected PHC, Alamarathupatti Dindigul is valid. She can proceed in conducting study with a data collection.

Signature of Validator

Name of the Validator	:	Mrs.Kanga Eswari, M.Sc., (Nursing)
Designation	:	Assistant Professor of OBG Department
Name of the Institution	:	Shakthi College of Nursing, Dindigul
Date	:	

APPENDIX-IV

INTERVIEW SCHEDULE REGARDING KNOWLEDGE ON SELECTED ASPECT OF ANTENATAL CARE AMONG PRIMIMOTHERS

Instruction

I request you to kindly read and understand questions properly and give the correct answer

I. BACK GROUND DATAS

- 1. Age**
 - a) 18- 20 Yrs
 - b) 21- 25 Yrs
 - c) 25- 30 Yrs

- 2. Gestational weeks**
 - a) 1 – 4 Months
 - b) 5 – 7 Months
 - c) 7 – 9 Months

- 3. Education**
 - a) Illiterate
 - b) Primary School
 - c) Higher secondary School
 - d) Any degree

- 4. Occupation**
 - a) House wife
 - b) Cooly
 - c) Office work

- 5. Type of family**
 - a) Nuclear
 - b) Joint

- 6. Bread winner of the family**
- a) Father in law
 - b) Husband
 - c) Wife
- 7. Education of spouse**
- a) Illiterate
 - b) Primary School
 - c) Higher secondary school
 - d) Any degree
- 8. Income**
- a) 75000/Month
 - b) 6000 – 10000 /Month
 - c) 10000 above /Month
- 9. Source of Previous information**
- a) Any medias
 - b) Through VHN
 - c) Any relatives

QUESTIONS :

1. Where have you registered your pregnancy?
- a) Anganvadi
 - b) PHC
 - c) GH
2. How will you confirm in pregnancy
- a) Urine test card
 - b) Blood investigation for hospital
 - c) The scan

3. What are the symptoms of pregnancy?
 - a) Amenorrhea
 - b) Morning sickness
 - c) Breast discomfort
4. When did you register your pregnancy?
 - a) 1-2 months
 - b) 2-3 months
 - c) 4-5 months
5. What are the benefits of antenatal visit?
 - a) To Promote health during pregnancy
 - b) To increase the knowledge
 - c) To reduce the abortion
6. What is the purpose of the regular check up?
 - a) To know about the sex of the baby
 - b) To get opinion from doctors
 - c) To maintain the health of the mother & fetus.
7. When will you start from T.FST during pregnancy?
 - a) Before pregnancy
 - b) 2 months
 - c) 3 months
8. What is the purpose of checking blood pressure?
 - a) To prevent hypertension
 - b) To know about the blood pressure
 - c) To maintain the blood pressure
9. What is the purpose of checking fetal heart rate?
 - a) To find out live the baby
 - b) To find out the movement of the baby
 - c) To find out the health condition for baby

10. Which is the safe period to have sexual activity?
 - a) 5 month
 - b) 7 month
 - c) 8 month

11. What is the purpose of checking blood glucose level?
 - a) To prevent gestational diabetes mellitus
 - b) To prevent over weight of the baby
 - c) To know about the blood glucose level

12. Which is the protein rich diet?
 - a) fish
 - b) meat
 - c) Egg

13. Which one is rich in vitamine A?
 - a) vegetables
 - b) liver
 - c) yellow fruits

14. Which one of following is rich in iron?
 - a) Dates
 - b) Drumstick leafes
 - c) Milk

15. Identify the calcium rich sources?
 - a) Shells
 - b) Milk
 - c) Beetroot

16. What is the use of maintaining personal Hygiene?
 - a) To avoid infection
 - b) To maintain Good health
 - c) To improve the baby Growth

17. Mention the use of breast care?
- a) To prevent infection
 - b) to find out any breast abnormalities like that inverted nipples
 - c) To maintain a breast care
18. Why should we avoid the tight dress wearing?
- a) To relived the breathing difficult
 - b) To maintain structure
 - c) To promote fetal Growth
19. In which trimester you check GTT?
- a) Ist trimester
 - b) IInd trimester
 - c) IIIrd trimester
20. Which drug is prescribed to gain Iron?
- a) IFA
 - b) ART
 - c) Vit-E
21. How many time Inj .TT advised during pregnancy?
- a) 1 Time
 - b) 2 Times
 - c) 3 Times
22. In which month you take first dose of Inj.TT
- a) 3 month
 - b) 4 month
 - c) 5 month
23. What is the purpose of taking vaccines during pregnancy?
- a) To safe your pregnancy
 - b) To prevent cross infection to the baby
 - c) To prevent health of the baby

24. Mention the purpose of new born care?
- a) To promote baby life
 - b) To prevent infection
 - c) To evaluate the baby care
25. When you started breast feeding after delivery?
- a) with in ½ hrs
 - b) with in 2 hrs
 - c) with in 1 days
26. What are the benefits of exclusive breast feeding?
- a) To increased baby weight
 - b) To promote good health for baby
 - c) To promote mother life
27. When will you put the BCG Vaccine?
- a) After birth
 - b) 1 weeks
 - c) 1 months
28. What is the advantage of doing exercise?
- a) increase the blood circulation for mother & fetus
 - b) increase appetite
 - c) loss weight
29. What type of exercise is advised to maintain good abdominal tone?
- a) Breathing exercise
 - b) Stomach strengthening exercise
 - c) pelvic tilting exercise
30. What is the purpose of foot & leg exercise
- a) To prevent edema
 - b) To improve the blood circulation
 - c) To maintain the foot & leg exercise

APPENDIX-V

பேறுகால முந்திய பராமரிப்பு

- 1) வயது
 - அ) 18 வருடங்கள் – 20 வருடங்கள்
 - ஆ) 21 வருடங்கள் – 25 வருடங்கள்
 - இ) 25 வருடங்கள் – 30 வருடங்கள்
- 2) கர்ப்பகால வயது
 - அ) 1-3 மாதங்கள்
 - ஆ) 3-5 மாதங்கள்
 - இ) 5-7 மாதங்கள்
- 3) கல்வித்தகுதி
 - அ) படிப்பு அறிவு இல்லாதவர்கள்
 - ஆ) தொடக்கப்பள்ளி கல்வி
 - இ) உயர்நிலைப்பள்ளி கல்வி
 - ஈ) பட்டதாரி
- 4) வேலைத்தகுதி
 - அ) வீட்டு மனைவி
 - ஆ) கூலி
 - இ) அலுவலகப் பணியாளர்
- 5) எவ்வகை குடும்பம்
 - அ) கூட்டுக்குடும்பம்
 - ஆ) தனி குடும்பம்
- 6) குடும்பத்தலைவர்
 - அ) மாமனார்
 - ஆ) கணவர்
 - இ) மனைவி

- 7) கணவரின் கல்வித்தகுதி
 அ) படிப்பு அறிவு இல்லாதவர்கள்
 ஆ) தொடக்கப்பள்ளிக் கல்வி
 இ) உயர்நிலைப்பள்ளிக் கல்வி
 ஈ) பட்டதாரி
- 8) கணவரின் மாத வருமானம்
 அ) வறுமைக்கோட்டிற்கு மேல் உள்ளவர்கள் (50,000) மேல் / வருடங்கள்
 ஆ) வறுமைக்கோட்டிற்கு கீழ் உள்ளவர்கள் (50,000) குறைவாக / வருடங்கள்
 இ) மிகவும் வறுமையில் உள்ளவர்கள்
- 9) இதற்கு முன் கிடைத்த அனுபவம்
 அ) வேறு ஏதாவது ஊடகங்கள்
 ஆ) கிராமப்புற நலவாழ்வு செவிலியர்கள்
 இ) உறவினர்கள்
 ஈ) மற்றவர்கள்

கீழ்க்காணும் வினாக்களை படித்து சரியான விடையைத் தேர்வு செய்யவும்.

1. உங்கள் கார்ப்பப் பதிவு எங்கே செய்தீர்கள்?
 அ) அங்கன்வாடி
 ஆ) அரசு ஆரம்ப சுகாதார நிலையம்
 இ) அரசு பொது மருத்துவமனை
2. நீங்கள் கார்ப்பமாக இருப்பதை எதன்மூலம் உறுதிப்படுத்திக் கொண்டீர்கள்.
 அ) சிறுநீர் பரிசோதனை மூலம்
 ஆ) இரத்தம் பரிசோதனை மூலம்
 இ) தொலைக்காட்சி வகையில் நிழல் ஒளி கூறு.
3. கார்ப்பக்காலத்தில் உள்ள அறிகுறிகள்?
 அ) மாதவிலக்கு தடைப்படுதல்
 ஆ) வாந்தி மற்றும் மயக்கம்
 இ) மார்பக தொடர்பான பிரச்சனைகள்

4. உங்கள் கர்ப்பப் பதிவு எந்த மாதத்தில் செய்தீர்கள்?
அ) 1-2 மாதங்கள்
ஆ) 3 மாதங்கள்
இ) 3 மாதங்களுக்குப்பிறகு
5. பேறுகாலத்திற்கு முன்பு வருகைப் பதிவேட்டின் நன்மைகள் என்ன?
அ) கர்ப்பகாலத்தின் போது உடல்நலத்தை பராமரிக்க.
ஆ) பேறுகால முந்திய கால பராமரிப்பின் அறிவை வளர்த்துக்கொள்ள.
இ) கர்ப்பசிதைவு ஏற்படுவதை தவிர்க்க.
6. தினமும் செய்யப்படும் உடல் பரிசோதனையின் நன்மைகள் என்ன?
அ) குழந்தையின் பாலினத்தை கண்டறிய.
ஆ) மருத்துவ ஆலோசனை பெறுவதற்கு
இ) தாய் மற்றும் குழந்தையின் உடல்நிலையை அறிந்து கொள்வதற்கு
7. இரும்புச்சத்து மற்றும் ஃபோலிக் அமில மாத்திரைகளை எந்த மாதத்திலிருந்து எடுத்துக் கொள்வீர்கள்?
அ) கர்ப்பகாலத்திற்கு முன்பு
ஆ) இரண்டாவது மாதத்தில்
இ) மூன்றாவது மாதத்தில்
8. இரத்த அழுத்த பரிசோதனையின் நோக்கம் என்ன?
அ) உயர் அழுத்தத்தை தடுப்பதற்கு
ஆ) இரத்த அழுத்தத்தை தெரிந்துகொள்வதற்கு
இ) இரத்த அழுத்த பரிசோதனையை வழக்கப்படுத்திக் கொள்வதற்கு.
9. குழந்தையின் இதய துடிப்பை அறிவதன் நோக்கம் என்ன?
அ) குழந்தையின் அமைப்பை கண்டறிய.
ஆ) குழந்தையின் இதய துடிப்பை கண்டறிய.
இ) குழந்தையின் உடல்நிலையை அறிய.

10. கர்ப்பிணி பெண்கள், பாதுகாப்பான உடல் உறவை தொடர்வதற்கு எந்த மாதம் ஏற்றது?
அ) 5-வது மாதம்
ஆ) 7-வது மாதம்
இ) 8-வது மாதம்
11. இரத்த குளுக்கோஸ் அளவு பரிசோதனையின் நோக்கம் என்ன?
அ) கர்ப்பகால சர்க்கரை வியாதி வராமல் தடுக்க.
ஆ) குழந்தை அதிக எடை ஆகாமல் தடுப்பதற்கு
12. கீழ்க்கண்ட எந்த வகை உணவில் புரோட்டின் சத்து அதிகமாக உள்ளது?
அ) மீன்
ஆ) இறைச்சி
இ) முட்டை
13. எந்த உணவில் அதிக அளவில் வைட்டமின் A சத்து உள்ளது?
அ) காய்கறிகள்
ஆ) ஈரல்
இ) மஞ்சள் நிற பழங்கள்
14. எந்த வகை உணவில் இரும்புச்சத்து அதிகம் உள்ளது?
அ) பேரிச்சம்பழம்
ஆ) முருங்கைக்கீரை
இ) பால்
15. எந்த உணவுகளில் கால்சியம் சத்து அதிகம் உள்ளது?
அ) கடல் சிப்பிகள்
ஆ) பால்
இ) பீட்ரூட்

16. தன் சுத்தம் பேணுதலின் நோக்கம் என்ன?
அ) நோய் தொற்றுதலை தடுத்தல்.
ஆ) உடல்நலத்தை பேணி பாதுகாத்தல்.
இ) குழந்தையின் வளர்ச்சியை ஊக்குவித்தல்.
17. மார்பக சுத்தம் பேணுதலின் நோக்கம் என்ன?
அ) நோய் தொற்றுதலை தடுத்தல்.
ஆ) மார்பகக் காம்பு உள்ளிலுத்தல் மற்றும் மார்பகத்தில் குறைபாடுகளை கண்டறிய.
இ) மார்பகத்தை சுத்தமாக வைப்பதற்கு
18. கர்ப்பிணி பெண்கள் இறுக்கமாக உடை அணிவதை தடுப்பதன் நோக்கம் என்ன?
அ) மூச்சுதிணறல் வராமல் தடுப்பதற்கு
ஆ) உடல் அமைப்பை சரியாக வைப்பதற்கு
இ) குழந்தையின் வளர்ச்சியை ஊக்குவித்தல்
19. எந்த கர்ப்பகாலத்தில் குளுக்கோஸ் சகிப்பு சோதனையை செய்து கொண்டீர்கள்?
அ) முதல் கர்ப்பகாலத்தில்
ஆ) இரண்டாவது கர்ப்பகாலத்தில்
இ) மூன்றாவது கர்ப்பகாலத்தில்
20. எந்த மருந்தில் இரும்புச்சத்து அதிகம் உள்ளது?
அ) இரும்புச்சத்து மற்றும் ஃபோலிக் அமில மாத்திரைகள்
ஆ) ஆண்டி-ரெட்ரோ வைரஸ் தெரபி மாத்திரைகள்
இ) வைட்டமின் E மாத்திரைகள்

21. எத்தனை முறை கர்ப்பிணி பெண்களுக்கு இரணஜென்னி தடுப்பூசி முறை பரிந்துரைக்கப்படுகிறது?
- அ) ஒரு முறை
ஆ) இரண்டு முறை
இ) மூன்று முறை
22. எந்த மாதத்தில் முதல் இரணஜென்னி தடுப்பூசி கர்ப்பிணி பெண்கள் எடுத்துக் கொள்கிறார்கள்?
- அ) 3-வது மாதத்தில்
ஆ) 4-5வது மாதத்தில்
இ) 5-வது மாதத்தில்
23. கர்ப்பிணி பெண்கள் தடுப்பூசி மருந்துகள் எடுத்துக் கொள்வதின் நோக்கம் என்ன?
- அ) குழந்தையை பாதுகாத்துக் கொள்ள
ஆ) நோய்தொற்று குழந்தைக்கு பரவாமல் தடுப்பதற்கு
இ) குழந்தையின் உடல்நலத்தை மேம்படுத்துவதற்கு
24. குழந்தையின் உடல்நலம் பேணுதலின் நோக்கம் என்ன?
- அ) குழந்தையின் வாழ்வாதாரத்தை ஊக்குவித்தல்.
ஆ) நோய் தொற்றுதலை தடுத்தல்
இ) குழந்தையின் உடல்நலத்தை ஊக்குவித்தல்
25. குழந்தைக்கு தாய்ப்பால் கொடுப்பதை பேறுகாலத்திற்கு பின்பு எப்போது தொடங்குவீர்கள்?
- அ) ½ மணி நேரம்
ஆ) 2 மணிநேரம்
இ) 1 நாள்

26. தொடர்ந்து தாய்ப்பால் கொடுப்பதின் நன்மைகள் என்ன?
- அ) குழந்தையின் உடல் எடையை அதிகப்படுத்த
ஆ) குழந்தையின் உடல்நலத்தை பேணிக்காக்க.
இ) தாயின் உடல்நலத்தை ஊக்குவித்தல்
27. எந்த மாதத்தில் BCG (பி.சி.ஜி) தடுப்பூசி குழந்தைக்கு போடுவீர்கள்?
- அ) குழந்தை பிறந்த அடுத்த மணிநேரத்தில்
ஆ) ஒரு வாரத்திற்கு பின்பு
இ) ஒரு மாதத்திற்கு பின்பு
28. பேறுகாலத்திற்கு முன்பு செய்யும் உடல்பயிற்சியால் ஏற்படும் நன்மைகள்
- அ) தாய் மற்றும் குழந்தையின் இரத்த ஓட்டத்தை அதிகரிக்க உதவும்.
ஆ) பசி உயர்வை தூண்டுவதற்கு
இ) உடல் எடையை குறைப்பதற்கு
29. வயிற்றுப் பகுதியில் உள்ள தசைகளை பராமரிப்பதற்கு எந்த உடற்பயிற்சி அறிவுரை செய்யப்படுகிறது?
- அ) மூச்சுப்பயிற்சி
ஆ) வயிற்றுப்பகுதியை உறுதிப்படுத்தும் உடல்பயிற்சி
இ) இடுப்புப்பகுதியை
- 30.. கால்பகுதி மற்றும் பாதப்பகுதியை சுழற்றும் உடற்பயிற்சியின் நோக்கம் என்ன?
- அ) நீர்க்கட்டுதலை தடுப்பதற்கு
ஆ) இரத்த ஓட்டத்தை அதிகரிக்க
இ) கால் மற்றும் பாதப்பகுதியை பராமரிக்க

APPENDIX-VI

பேறுகாலத்திற்கு முந்திய காலப் பராமரிப்பு

பேறுகாலத்திற்கு முந்திய கால நலவாழ்வுப் பராமரிப்பு பணிகளின் குறிக்கோள்கள் வருமாறு.

வரையறை:

குழந்தை வளர்ச்சியை கண்டறியவும் மற்றும் குழந்தை பராமரிப்பை அறியவும், பேறுகாலத்திற்கு முன்பு பெண்கள் அறிந்துகொள்வதே பேறுகாலத்து முந்திய கால பராமரிப்பு ஆகும்.

பேறுகால முந்திய பராமரிப்பு என்பது வரையறுக்கப்பட்ட தொடர்ச்சியான பராமரிப்பு இவை; கர்ப்பகாலம் தொடங்கி மகப்பேறு காலம் வரைக்கும் உள்ளது ஆகும்.

பேறுகாலத்துக்கு முந்திய கால பராமரிப்பு:

- (i) அம்மாவின் சொந்த வரலாறு மற்றும் உடல் பரிசோதனை.
- (ii) பேறுகாலத்திற்கு முந்திய கால பராமரிப்பு யோசனைகள்.

குறிக்கோள்:

- (i) கர்ப்பிணி பெண்களின் உயிருக்கு ஆபத்தான நிலையை கண்டறிய
- (ii) உயிருக்கு ஆபத்தான நிலையை அறிந்து அதை தடுக்கவும் மற்றும் மருந்துகளைப் பற்றி அறியவும் உதவும்.
- (iii) மருத்துவரின் ஆலோசனை பற்றி அறிய மற்றும் மகப்பேறு பற்றி அறிய கர்ப்பிணிகளுக்கு கற்பித்தல்.
- (iv) தாய் மற்றும் கணவன் மகப்பேறு பற்றியும் அது எங்கு நடைபெறவேண்டும் என்பதை கலந்து ஆலோசிக்கவேண்டும்.
- (v) தாய் மற்றும் கணவன் குடும்பக் கட்டுப்பாட்டு முறைகளைப் பற்றி அறியவும், மருத்துவரின் ஆலோசனைப்படி கரு கலைத்தல் பற்றி அறியவும் ஊக்குவிக்க வேண்டும்.

- (vi) கார்ப்பிணி பெண்கள் பேறுகாலத்திற்கு முந்தி ஏற்படும் பிரச்சனைகளைப் பற்றி அறியவும் மற்றும் பல்வேறு விதமான நோய்களைப் பற்றி அறியவும், அதைத் தடுக்கும் முறைகளைப் பற்றி அறியவும்.
- (vii) பேறுகாலத்திற்கு முந்தய காலப் பராமரிப்பின்போது குழந்தையின் தவறான அமைப்பு மற்றும் மகப்பேறு எங்கு நடைபெறவேண்டும் என்பதைப் பற்றி அறிய உதவும்.
- (viii) பேறுகாலத்திற்கு முன்பு வரக்கூடிய அபாய அறிகுறிகள் மற்றும் அறிகுறிகள், சுத்தம் பேணுதல் பற்றி அறியவும்.
- (ix) கார்ப்பிணி பெண்கள் குழந்தையின் இரத்தம் மற்றும் இரத்த வகைகளை கண்டறியவும், நச்சுத்தன்மை, பால்வினை நோய்களை கண்டறியவும், மருத்துவமனையில் உள்ள ஆய்வுக்கூடத்திற்கு செல்ல உதவும்.

கருவுற்ற பெண்களின் நலவாழ்வு:

கருவுற்றுள்ள காலத்தில் ஒரு பெண் நலமாக (Healthy) இருக்கவும், நல்ல குழந்தைகளை சுகப்பிரசவத்தில் ஈன்றெடுக்கவும் ஒரு பெண்ணுக்கு உதவ வேண்டுமானால், அவளுடைய வரலாற்றைக் குறித்துக் கொள்ளவும், சில சிறு சோதனைகளையும், பரிசோதனைகளையும் நாம் செய்தாக வேண்டும்.

அவளது முதல் வருகையின்போது, அவள் பெயர் பதிவு செய்யப்படுகிறது. மற்றும் பேறுகாலத்துக்கு முந்தய அட்டை நிரப்பப்படுகிறது. முடிந்தால், அவளது வரலாறு, கருவுற்ற காலத்தின் தொடக்கத்திலேயே குறித்துக் கொள்ள வேண்டும். கேட்கும் கேள்விகள், எளிமையான வார்த்தைகளில் அன்புடன் பொறுமையுடனும், சாமர்த்தியமாகவும் கேட்கப்பட வேண்டும். குறிப்பாக, அது, அவளது முதல் கர்ப்பமாக இருந்தால்.

1. அவள் சொந்த வரலாறு:

- அவள் பெயர்
- முகவரி
- கணவர் (அல்லது) நெருங்கிய சொந்தக்காரர்
- வயது மற்றும் அவளுக்கு வந்திருந்த நோய்கள்
- அறுவைச்சிகிச்சை (அ) விபத்துக்கள் ஆகியவைகளை அறிந்து கொள்ளவேண்டும்.

2. குடும்ப வரலாறு:

குடும்பப் பதிவேட்டில், இது முன்பே குறிக்கப்பட்டிருக்கும். குடும்பத்தில் காசநோய், இருதயநோய் (அல்லது) நீரழிவு நோய் இருந்ததா என்றும் இரட்டைக் குழந்தைகள் இருக்கும் வாய்ப்புகள் உள்ளதா என்றும் விசாரித்துப்பார்.

3. சமூக வரலாறு:

இதுவும் முன்பே கிடைத்திருக்கலாம். குடும்பக் கட்டுப்பாட்டை ஏற்றுக் கொண்டுள்ளனரா என்றும் விசாரித்து அறி.

4. முந்தைய மகப்பேற்று வரலாறு:

இவள் முன்பே பதிவு செய்துகொண்டிருப்பவள் என்றால் இதுவும் உனக்குக் கிடைக்கும். இதில் முந்தைய ஒவ்வொரு கர்ப்பகாலம், பிரசவ முறை (Labour) மற்றும் குழந்தை போன்ற தகவல்கள் அடங்கியிருக்கும்.

5. இப்போதைய கருக்கால வரலாறு:

இதில் சரிசமநிலை (மகப்பேறுகளின் எண்ணிக்கை / உயிருடன் உள்ள குழந்தைகள் மற்றும் அவர்களில் கடைசிக் குழந்தையின் வயது மற்றும் கடைசி மாதவிலக்கின் தேதி (முதல் நாள்) ஆகியவை அடங்கியிருக்கும். இதிலிருந்து குழந்தை பிறக்க எதிர்பார்க்கப்படும் நாளை நீ கணக்கிடலாம். (7 நாட்களை கூட்டு, மூன்று மாதங்களைக் கழி).

அவள், பொதுவாக எப்படி உணருகிறாள். இந்தக் கருவுற்று இருக்கும் நிலையை அவள் விரும்புகிறாளா, கருவின் அசைவுகளை அவள் உணருகிறாளா, அவள் இப்போது குழந்தைக்குத் தாய்ப்பால் கொடுத்துக் கொண்டு இருக்கிறாளா என்பனவற்றைக் கண்டுகொள்.

அவள் உட்கொள்ளும் உணவு மற்றும் அவளது அன்றாட வேலைகள் ஆகியவற்றையும், பிற வழக்கமான சிறு சோதனைகளையும் பரிசோதனைகளையும் மேற்கொள்.

கருவுற்றுள்ள பெண்களுக்கு நலவாழ்வுக் கல்வி:

கற்பித்தல் என்பது, கருவுற்றிருக்கும் ஒரு பெண்ணை எப்போதெல்லாம் சந்திக்கிறாயோ அப்படிப்பட்ட சந்தர்ப்ப முறையிலும் இருக்க வேண்டும். மற்றும் கற்பிக்கும் திட்டம் வகுத்துக் கொண்டு ஏற்பாடு செய்யப்பட்ட ஒரு குழுவுக்கும் கற்பிப்பதாகவும் இருக்க வேண்டும். இடம், பேறுகாலத்து முந்தைய மருத்துவ நிலையத்திலோ (அ) வேறு வேளையிலோ இருக்கலாம். கற்பித்தலில் கீழ்க்கண்டவையும் அடங்கியிருக்க வேண்டும்.

1. கருவின் வளர்ச்சியும், பெருக்கமும்.
2. கருவுற்று இருக்கும் காலத்தில் காலந்தவறாது பரிசோதித்துக் கொள்வதின் முக்கியத்துவம்.
3. நல்ல உணவு தேவை.
4. கருவுக்குத் தீங்கு செய்யும் மருந்துகளை உட்கொள்ளக் கூடாது.
5. தாய் மற்றும் குழந்தையின் பாதுகாப்புக்கு இரணஜன்னி டாக்ஸாய்டு (Tetanus Toxoid) ஊசி போட்டுக் கொள்ளுதல்.
6. இரத்தச் சோகையைத் தவிர்க்க இரும்புச் சத்து மற்றும் ஃபோலிக் அமில மாத்திரைகள் உட்கொள்ளல்.

கார்ப்பிணிப் பெண்களின் வருகைப் பதிவேடு:

- ஒவ்வொரு மாதத்திலும் கார்ப்பிணி பெண்கள் வருகைப் பதிவேட்டை மருத்துவமனையில் பதிவு செய்யவேண்டும்.
- வருகைப் பதிவேட்டில் கார்ப்பிணி பெண்களின் குழந்தையின் ஆரோக்கிய நிலை, குடும்ப சூழல் இவற்றை பதிவு செய்யவேண்டும்.
- முதல் வருகைப் பதிவேடு கார்ப்பிணி பெண்களின் 20 வாரம் வரை பதிவு செய்யவேண்டும்.
- இரண்டாவது வருகைப் பதிவேடு 32 வாரம் வரை பதிவு செய்யவேண்டும்.
- மூன்றாவது வருகைப் பதிவேடு 36 வாரம் வரையில் பதிவு செய்யவேண்டும்.

பேறுகாலத்து, முந்தய காலப் பராமரிப்பு ஆலோசனைகள்:

- 1) கார்ப்பிணி பெண்களின் வருகைப் பதிவேட்டின் முக்கியத்துவத்தை அறிந்து கொள்ள செய்ய வேண்டும்.
- 2) கார்ப்பிணி பெண்களின் உடல்நிலை, உணவு பழக்கவழக்கமுறைகள், மருந்துகள் மற்றும் உடல்நலம் பேணுதல் ஆகியவற்றை பராமரிக்கவேண்டும்.

கருவுற்றுள்ள காலத்தில் ஊட்ட உணவு (Nutrition)

கருவுற்றுள்ள பெண்ணின் உணவு கீழ்க்கண்ட தேவைகளை நிறைவேற்ற வேண்டும்.

1. வளரும் கருவின் தேவைகள்
2. தாயின் உடல்நலத்தைப் பராமரிக்க.
3. பிரசவ வலியின்போது தேவைப்படும் உடல் வலிமையைத் தருவதற்கு
4. வெற்றிகரமாக பால் கொடுக்க.

புரத உணவுகள்:

கருவின் வளர்ச்சிக்கு தேவை முடியுமானால் கருவுற்றுள்ள பெண், அதிக அளவில் பால், முட்டைகள், மீன், கோழி மற்றும் இறைச்சி உண்ணவேண்டும்.

அவள் மரக்கறி உணவு உண்பவளானால் அவள் பலவகைத் தானியங்களும் பயறுகளும், கொட்டைகளும் (Nuts) உண்ண வேண்டும்.

இரும்புச் சத்து:

குழந்தையின் உணவை உண்டாக்கிக் கொள்ளவும், இரத்த சோகையைத் தவிர்க்க அல்லது குறைக்க மிகவும் முக்கியம். அவள் சர்க்கரைக்குப் பதிலாக வெல்லத்தையும், கேழ்வரகு அல்லது கம்பு கொண்டு தயாரிக்கப்பட்டவைகளையும், எள்ளும் (Sesame) மற்றும் அதிகமாகப் பச்சை நிறக் கீரைகளையும் உண்ணவேண்டும். ஈரல் மற்றும் சிறுநீரகம் கூட இரும்புச்சத்து அதிகம் கொண்டவை.

சுண்ணாம்புச் சத்து:

குழந்தையின் எலும்புகள் மற்றும் பற்களை உண்டாக்கத் தேவை, சுண்ணாம்புச் சத்து தருவதில் மிகச் சிறந்தது பால், கேழ்வரகு மற்றும் கம்பு வகைகளில் கூட சுண்ணாம்புச் சத்து உள்ளது.

சிறிய கருவாட்டை உண்ணும்படி அவளை ஊக்கப்படுத்த வேண்டும்.

வைட்டமின்கள்:

கருவுற்று இருக்கும் பெண்ணுக்கு மிகவும் முக்கியம் அவள் அதிக அளவில் காய்கறிகளை (சிறப்பாகப் பச்சைக் கீரை வகைகளை). நாரத்தை, எலுமிச்சை வகையைச் சேர்ந்தவைகள் (Citrus kinds) உள்ளிட்ட பழங்களை உண்ணவேண்டும்.

நோய்த்தடை காப்பு அட்டவணை (Immunization Schedule)

வயது	தடுப்பூசி மருந்து
பேறுகாலத்திற்கு முந்தைய 20 வாரங்கள்	இரணஜன்னி டாக்சாய்டு CT1 முதல் ஒரு வேளை மருந்து (1 st dose) கருவுற்றிருக்கும் தாய்மார்களுக்கு
28 வாரங்கள்	2 ஆம் வேளை மருந்து (2 nd dose) அடுத்துக் கருவுறும் போது செறியூட்டும் (Booster dose) மருந்து மட்டும்
36 வாரங்கள்	TT3 ஆம் வேளை மருந்து

கர்ப்பிணி பெண்கள் தினமும் எடுத்துக்கொள்ள வேண்டிய உணவு அளவுகள்:

	கர்ப்பிணி அல்லாத பெண்கள்	கர்ப்பிணி பெண்கள்	தாய்ப்பால் கொடுக்கும் பெண்கள்	உணவுகள்
சக்தி கி.கலோரி	2200 k.cal	2500 k.cal	2600 k.cal	புரத சத்து, கொழுப்பு, கார்போஹைட்ரேட்
புரதம்	50 கிராம்	60 கிராம்	65 கிராம்	கறி, மீன், பருப்பு வகைகள்
இரும்புச்சத்து	18 கிராம்	40 கிராம்	30 கிராம்	கறி, முட்டை
கால்சியம்	500 மி.கி	1000 மி.கி	1500 மி.கி	பால், எலும்புக்கறி
சிங்	12 மி.கி	15 மி.கி	19 மி.கி	கறி, முட்டை, பருப்பு வகைகள்
அயோடின்	150 µg	175 µg	200 µg	அயோடின் நிறைந்த உப்பு பருப்பு வகைகள், கீரை வகைகள்
விட்டமின்-A	50001.u	60001.u	80001.u	காய்கறிகள், ஈரல், பழங்கள்
விட்டமின்-D	1.1 mg	1.5 mg	அனைத்தும் கர்ப்பிணி பெண்களின்	கறி, பருப்பு வகைகள், பழங்கள், தக்காளி, கீரை வகைகள், காய்கறிகள்
ரைபோபிலோவின்	1.1 mg	1.6 mg		இறைச்சி வகைகள்
நிக்கோடிக் ஆசிட்	15 mg	17 mg		
அஸ்கார்பிக் ஆசிட்	60 mg	70 mg		
போலிக் ஆசிட்	200 µg	400 µg		
விட்டமின் B12	2 µg	2.2 µg		

கர்ப்ப காலத்தில் தவிர்க்க வேண்டிய உணவு முறைகள்:

- Alcohol, புகைப்பிடித்தலை தவிர்க்க வேண்டும்.
- தேநீர் மற்றும் காபியை தவிர்க்க வேண்டும். ஏனென்றால் கருகலைதல் ஏற்படும்.

- சுத்திகரிக்கப்பட்ட பால், பாலாடைக்கட்டி, வெண்ணெய் எடுப்பதை தவிர்க்க வேண்டும்.
- நன்கு சமைக்கப்படாத இறைச்சிகள், மீன்கள், முட்டை, பால் இவைகளை தவிர்க்கவும்.

ஓய்வு மற்றும் உறக்கம்:

- கார்ப்பிணி பெண்கள் சிறிதுநேரம் ஓய்வு எடுத்தாலும் நல்ல உடல் நலத்தை பேணலாம்.
- கார்ப்பிணி பெண்கள் கடினமான வேலைகளை தவிர்க்க வேண்டும்.
- கார்ப்பிணி பெண்கள் இரவில் 8 மணிநேரமும், பகலில் 2 மணி நேரமும் தூங்க வேண்டும்.

பயணம்:

- கார்ப்பிணி பெண்கள் பயணம் மேற்கொள்ளும் போது மருத்துவரின் ஆலோசனைகளைக் கேட்டு செல்ல வேண்டும். ஏனென்றால் பயணம் செய்யும்போது குறைந்த ஆக்ஸிஜன் (O₂) இருப்பதால் தாய் மற்றும் குழந்தைக்கு போதுமான ஆக்ஸிஜன் (O₂) கிடைப்பதில்லை.
- நீண்ட தூரம் பயணம் மேற்கொள்ளும்போது இருக்கையில் உள்ள கார் பெல்ட்டு சீட்டை பயன்படுத்திக் கொள்ளவேண்டும்.

தன் சுத்தம் பேணுதல்:

- கார்ப்பிணி பெண்கள் தினமும் காலைக் கடனை முடிக்கவேண்டும். அதற்கு அதிகமான தண்ணீர் மற்றும் பழச்சாறுகளை எடுத்துக்கொள்ள வேண்டும்.
- கார்ப்பிணி பெண்கள் தினமும் குளிக்கவேண்டும். சுத்தமான காலணிகள் மற்றும் உடைகளை அணியவேண்டும்.
- கார்ப்பிணி பெண்கள் தினமும் இரண்டு முறை காலை, மாலை பல் துலக்கவேண்டும். மற்றும் பற்களில் ஏற்படும் உபாதைகளை மருத்துவரிடம் தெரிவிக்கவேண்டும்.

மார்பக பராமரிப்பு:

- கார்ப்பிணி பெண்கள் அவர்களுடைய மார்பகத்தை சுத்தமாக வைத்துக் கொள்ளவேண்டும். அவர்களுடைய மார்பக காம்புகளையும் சுத்தம் பேணுதல் வேண்டும்.

உடல் உறவு:

- கார்ப்பிணி பெண்கள் முதல் மற்றும் கடைசி 3 மாதங்களுக்கு உடலுறவை தவிர்க்க வேண்டும். இல்லையென்றால் கருச்சிதைவு, கரு இழப்பு, குறைமாத மகப்பேறு, இரத்தப்போக்கு ஆகியவை ஏற்பட வாய்ப்பு உள்ளது.

கார்ப்பிணி பெண்கள் மேற்கொள்ள வேண்டிய உடற்பயிற்சிகள்:

கார்ப்பிணி பெண்கள் தினமும் உடற்பயிற்சிகளைச் செய்யவேண்டும். அப்பொழுது தான் அவர்களுக்கு குழந்தை பிறப்பு எளிதாகும். இது அவர்களுக்கும், குழந்தைக்கும் மிகவும் நல்லது.

உடற்பயிற்சியால் ஏற்படும் நன்மைகள்:

1. உடற்பயிற்சியால் அம்மாவிற்கும், குழந்தைக்கும் இரத்த ஓட்டம் அதிகரிக்கும்.
2. உடற்பயிற்சியால் வலி மற்றும் பிடிப்புகள் குறையும்.
3. உடற்பயிற்சியால் தினமும் சுறுசுறுப்பாக இருப்பார்கள்.
4. அவர்களின் உடல் எடையும் கட்டுக்குள் இருக்கும்.
5. உடற்பயிற்சியால் சிறு சிறு பிரச்சனைகள் கூட குணமாகும். (உ.ம்) வாந்தி, மயக்கம்.
6. உடற்பயிற்சியால் உடல்நீதியாகவும் மன நீதியாகவும் ஆரோக்கியமாக இருப்பார்கள்.
7. உடற்பயிற்சியால் சுலபமாக சுகப்பிரசவம் ஆகுவதற்கு ஏதுவாக இருக்கும்.

உடற்பயிற்சி செய்வதற்கு முன்பு கார்ப்பிணி பெண்கள் மனதில் வைத்துக் கொள்ள வேண்டியவை:

1. கடினமான உடற்பயிற்சிகளை செய்யக்கூடாது.
2. மருத்துவர் ஆலோசனையுடன் உடற்பயிற்சிகளை செய்யவேண்டும்.
3. உடற்பயிற்சியின் போது இறுக்கமான உடைகளை அணியக்கூடாது. இலேசான உடைகளை அணியவேண்டும்.
4. உடற்பயிற்சிக்கு முன்பு உடலை தயார்படுத்திக் கொள்ளவேண்டும்.
5. அடிக்கட உடல் அசைவுகளை மாற்றிக்கொண்டே வரவேண்டும்.
6. கடினமான உடற்பயிற்சிகளை செய்யக்கூடாது. அது உங்களுக்கும், குழந்தைக்குள் ஆபத்தை விளைவிக்கக் கூடியவை.
7. உடற்பயிற்சியை செய்து முடித்தபிறகு மெதுவாக அந்த இடத்தை விட்டு எழுந்திருக்க வேண்டும்.
8. அமைதியாக உடற்பயிற்சிகளை மேற்கொள்ள வேண்டும்.

உடற்பயிற்சிகள்:

1. நடைபயிற்சி
2. நீச்சல்
3. யோகாசனம்
4. மூச்சுப்பயிற்சி
5. இடுப்புப் பகுதி உடற்பயிற்சி
6. வயிற்றுப்பகுதியை உறுதிபடுத்தும் உடற்பயிற்சி
7. இடுப்பை திருப்பும் உடற்பயிற்சி
8. மூட்டுப் பகுதியை மடக்குதல்.
9. கால் மூட்டுப்பகுதியை சுழற்றுதல்.
10. தலையைத் தூக்குதல் உடற்பயிற்சி

நடைபயிற்சி:

நடைபயிற்சி கார்ப்பிணி பெண்களுக்கு ஒரு சிறந்த பயிற்சி ஆகும். இது மூட்டுப் பகுதிக்கும், கால்களுக்கும் ஒரு சிறந்த பயிற்சி ஆகும். இந்த பயிற்சியை கார்ப்பிணி பெண்கள் ஒன்பது மாதங்கள் வரை தொடரலாம்.

நீச்சல்:

நீச்சல் பயிற்சி மிகச் சிறந்த உடற்பயிற்சியாகும். மற்றும் பாதுகாப்பான ஒரு உடற்பயிற்சியாகும். இது உடலில் அதிகமான சதைப்பகுதிகளுக்கு (கை மற்றும் கால் பகுதிகளுக்கு) மற்றும் இதய தசைகளுக்கு மிகச் சிறந்த உடற்பயிற்சியாகும். இந்த உடற்பயிற்சியில் கார்ப்பிணி பெண்கள் மிகவும் இலேசானதாக உணருவார்கள்.

யோகாசனம்:

இந்த உடற்பயிற்சி தசைகளுக்கு வலுவூட்டக்கூடியதாகவும், வளைந்து கொடுக்கும் தன்மையும் அளிக்கின்றது. இந்தப் பயிற்சியை குறைந்த நேரம் மட்டும் செய்யவேண்டும். அதிக நேரம் செய்யவேண்டாம்.

சுவாசப் பயிற்சி:

சுவாசப் பயிற்சியானது கார்ப்பிணி பெண்கள் மிகவும் சுலபமாக செய்யக்கூடிய உடற்பயிற்சியாகும். இந்த பயிற்சியானது உடலுக்கம், மனதிற்கும் சிறந்த உடற்பயிற்சியாகும். இது வயிற்றுப் பகுதியில் உள்ள தசைகளுக்கும், இடுப்புப் பகுதிக்கும் சிறந்த உடற்பயிற்சியாகும்.

சுவாசப் பயிற்சி செய்யும் வழிமுறைகள்:

1. ஒரு அமைதியான இடத்தில் கால்களையும், கைகளையும் மடக்கி உட்கார்ந்து கொள்ளவேண்டும்.
2. அதன்பின் மூச்சை நன்றாக இழுத்துப் பிடித்துக்கொள்ள வேண்டும். அப்பொழுது நல் வயிற்றின் அடிப்பாகம், உள்ளீத்துக் கொள்ளவேண்டும். சிறிது நேரம் (10 mts) மூச்சைப் பிடித்துக் கொண்டு பிறகு மெதுவாக வெளியே விடவேண்டும். இதனால் நம்முடைய அடிவயிற்றுப் பகுதிக்கும், முதுகுப் பகுதிக்கும் சிறந்த உடற்பயிற்சியாகும்.

3. இந்த உடற்பயிற்சியின் மூலம், இடுப்புப் பகுதியில் உள்ள தசைகளுக்கும், வயிற்றுப்புறத்தில் உள்ள தசைகளுக்கும் சிறந்த உடற்பயிற்சியாகும். இதை எல்லா மாதங்களிலும் உடற்பயிற்சியை மேற்கொள்ளலாம்.

இடுப்புப்பகுதி உடற்பயிற்சி:

1. ஒரு அமைதியான இடத்தில் உட்கார்ந்து கொள்ளவேண்டும்.
2. பிறகு வயிற்றுப் பகுதியில் உள்ள தசைகளையும், பிறப்பு உறுப்பில் உள்ள தசைகளையும் இறுக்கிப்பிடித்து பிறகு தளர்வடையச் செய்யவேண்டும்.
3. இதை பத்து நிமிடங்கள் (10 mts) வரை கார்ப்பிணி பெண்கள் செய்யவேண்டும்.
4. இதன்மூலம் சிரிக்கும்போதும், இருமல் வரும்போதும், தும்மல் வரும்போதும், சிறுநீர் மற்றும் மலம் வெளியேறுவதை தடை செய்யலாம்.
5. இந்த உடற்பயிற்சியால் கார்ப்பிணி பெண்களுக்கு சுலபமாக சுகப்பிரசவம் ஆவதற்கு வழிவகை செய்கிறது.

வயிற்றுப்பகுதியை உறுதிப்படுத்தும் உடற்பயிற்சி:

1. முதலில் பெட்டி போன்று நின்று கொள்ளவேண்டும்.
2. கால்களை இடுப்புக்கு கீழ்ப்பகுதியில் மடக்கிக் கொள்ளவேண்டும். கைகளை தோள்பட்டைக்கு கீழ்ப்பகுதியில் மடக்கிக் கொள்ளவேண்டும்.
3. கைவிரல்கள் முகத்தை நோக்கி இருக்கும்படி வைத்துக் கொள்ளவேண்டும். வயிற்றுப் பகுதியும், முதுகுப்பகுதியும் நேராக இருக்கும்படி வைத்துக் கொள்ளவேண்டும்.

வயிற்றுப் பகுதியில் உள்ள தசைகளை உள்ளிழுத்துக் கொள்ளவேண்டும். சிறிதுநேரம் கழித்து தளர்த்திவிட வேண்டும். இப்படியே 10 முறை செய்யவேண்டும். இதை செய்யும் போது கார்ப்பிணி பெண்கள் கவனமாக இருக்கவேண்டும். இந்த உடற்பயிற்சியின் மூலம் முதுகுப்பகுதியில் வலி ஏற்படுவதை தவிர்க்க முடியும்.

வயிற்றுப் பகுதியில் உள்ள தசைகளை வலுப்படுத்த முடியும்.

இடுப்பை திருப்பதல் உடற்பயிற்சி:

முதலில் நேராக நின்று கொள்ளவேண்டும். பிறகு இடுப்புப் பகுதியை வலப்புறமும், இடப்புறமும் திருப்பிக்கொண்டே வரவேண்டும்.

இவ்வாறு 10 முறை செய்ய வேண்டும்.

மூட்டுப் பகுதியை மடக்குதல்:

முதலில் நேராக படுத்துக் கொள்ளவேண்டும். அடுத்து ஒரு மூட்டுப் பகுதியையும் மட்டும் மடக்கிக் கொள்ள வேண்டும். அப்படியே 10 நிமிடங்களுக்கு நிறுத்திக் கொண்டு மூச்சை நன்கு இழுத்துவிட வேண்டும். பின்னர் அடுத்த மூட்டுப் பகுதியையும் இதே போல் செய்து கொள்ளவேண்டும். இதன்மூலம் இடுப்புப் பகுதியில் உள்ள தசைகளுக்கும், வயிற்றுப் பகுதியில் உள்ள தசைகளுக்கும் சிறந்த உடற்பயிற்சியாகும்.

கால் மூட்டுப் பகுதியை சுழற்றுதல்:

நேராக இருந்து கொண்டு கால் மணிக்கட்டில் உள்ள மூட்டுப் பகுதியை சுழற்ற வேண்டும். அதை வலதுபக்கம் மற்றும் இடதுபக்கமாக சுழற்ற வேண்டும்.

இப்படியே சிலமுறை செய்துகொள்ள வேண்டும்.

இதன்மூலம் கால்களுக்கும், வயிற்றுக்கும் சிறந்த உடற்பயிற்சியாகும்.

தலையைத் தூக்குதல் உடற்பயிற்சி:

நேராக இருந்துகொண்டு (அ) படுத்துக்கொண்டு தலையை மட்டும் சிறிது தூரம் மேலே தூக்க வேண்டும்.

அப்படியே 3 நிமிடங்கள் வரை இருக்கவேண்டும்.

இதே போல் கார்ப்பிணி பெண்கள் 10 முறை செய்யவேண்டும். இந்த உடற்பயிற்சியின் மூலம் கழுத்துவலி மற்றும் இடுப்புப் பகுதியில் உள்ள தசைகள் இறுக்கமாகும்.

கர்ப்பிணி பெண்கள் செய்யக்கூடாத உடற்பயிற்சிகள்:

கர்ப்பிணி பெண்கள் சில உடற்பயிற்சிகள் கண்டிப்பாக தடை செய்யவேண்டும். அவைகள் கீழ்வருமாறு.

- தாவுதல்
- ஜிம்நாஸ்டிக்
- கூடை பந்து
- ஹாக்கி
- குதிரை சவாரி
- சைக்கிள் ஓட்டுதல்

பச்சிளங்குழந்தையின் பராமரிப்பு:

1. குழந்தை பிறந்த ½ மணிநேரத்திற்குள் கண்டிப்பாக தாய்ப்பால் கொடுக்க வேண்டும்.
2. தாய்ப்பால் கொடுப்பதற்கு முன்பு மார்பகத்தை நன்கு சுத்தம் செய்யவேண்டும்.
3. குழந்தையை வெதுவெதுப்பான சூழலில் வைக்கவேண்டும்.
4. 6 மாதத்திற்கு கண்டிப்பாக தாய்ப்பாலை தவிர வேறு எந்த பாலும் கொடுக்கக்கூடாது.
5. குழந்தைக்கு சுத்தமான உடைகளை அணியவேண்டும்.



